

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

3/

03-10-2003 90107 046 \*\*\*\*70.00

**DOCUMENT # N02000005330**

1. Entity Name  
**EVANGELICAL LEAUGE IN MIAMI, INC.**



Principal Place of Business  
**1235 WEST 26 PLACE, APT. 3  
HIALEAH FL 33010**

Mailing Address  
**1235 WEST 26 PLACE, APT. 3  
HIALEAH FL 33010**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**33-1011914**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARCIA, RAFAEL  
1235 WEST 26 PLACE, APT. 3  
HIALEAH FL 33010**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, RAFAEL D</b>	
STREET ADDRESS	<b>1235 WEST 26 PLACE, APT. 3</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, JORGE L D</b>	
STREET ADDRESS	<b>465 WEST 11 STREET, APT 9</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, ESTER F D</b>	
STREET ADDRESS	<b>1235 WEST 26 PLACE, APT. 3</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 03/06/03 (305) 805 6836

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/02)