Amended

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

09-19-2002 90155 021 ****61.25
N02384
FILED
02 OCT -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0139330

DOCUMENT # N02384

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE HIALEAH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1650 WEST 68th STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA	City & State
Zip: 33014 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0156199 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: REV. RAMON JUSTAMANTE

Street Address (P.O. Box Number is Not Acceptable)

1650 WEST 68th STREET

City: HIALEAH FL Zip Code: 33014

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, JUAN 4509 N.W. 185 STREET, MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMONA MORALES 3544 WEST 74th PLACE, HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANUEL M PEREZ 851 EAST 12th PLACE, HIALEAH, FL 33010
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel M Perez