

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04981

1. Entity Name

WEST HIALEAH CONGREGATIONS OF JEHOVAH'S WITNESSES, INC.

Principal Place of Business

HOWISON, JONATHAN
4357 W. 11TH LANE
HIALEAH FL 33012
US

Mailing Address

MARIO A. SEVILLA
PO BOX 111164
HIALEAH FL 33011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0123253

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWISON, JONATHAN W
4357 W. 11TH LANE
HIALEAH FL 33012

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ABOUD, EMILIO
4351 W 11TH LANE
HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SEVILLA, MARIO
512 W 16TH ST
HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
COLL, ARMANDO
1361 WEST 37TH. ST.
HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PENA, ANTONIO
3411 NW 101 ST.
MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ARGUDIN, DOMINGO
575 W. 69 STREET, APT. 110
HIALEAH FL

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 31/02

Date

(305) 854-6144

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90237 034 ****70.00



DO NOT WRITE IN THIS SPACE

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