

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90153 018 \*\*\*\*70.00

**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 111184**  
**HIALEAH FL 33011**  
**US**

2. Principal Place of Business

3. Mailing Address

**55045569**



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0123253**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 **TD** ☐ Delete  
NAME **ABOUD, EMILIO**  
STREET ADDRESS **4351 W 11TH LANE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☐ Delete  
NAME **SEVILLA, MARIO**  
STREET ADDRESS **512 W 16TH ST**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **VD** ☒ Delete  
NAME **COLL, ARMANDO**  
STREET ADDRESS **1361 WEST 37TH. ST.**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☒ Delete  
NAME **PENA, ANTONIO**  
STREET ADDRESS **3411 NW 101 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **ARGUDIN, DOMINGO**  
STREET ADDRESS **575 W. 69 STREET, APT. 110**  
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **YDRUBER TORRES**  
STREET ADDRESS **149 E. 32 ST. # 313**  
CITY-ST-ZIP **HIALEAH, FL.**

TITLE ☒ Change ☐ Addition  
NAME **D FELIX COLLADERA**  
STREET ADDRESS **581 E. 32 ST.**  
CITY-ST-ZIP **HIALEAH, FL.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D NORBERTO RODRIGUEZ**  
STREET ADDRESS **661 W. 24 TR.**  
CITY-ST-ZIP **HIALEAH, FL.**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 30/03 601/887-1823**  
Date Daytime Phone #

CR2E037 (10/02)