

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-21-2003 90844 022 ****61.25

DOCUMENT # N16629

1. Entity Name

TEMPLO BIBLICO DE MIAMI INC.



Principal Place of Business

**7120 SW 306T
MIAMI FL 33155
US**

Mailing Address

**7120 SW 30 RD
SUITE 2177
MIAMI FL 33155-2844
US**

**1000 S.W. 78
MIAMI, FL.**

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 **59-2729618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEL SOL, ERNESTO
5541 SW 138 COURT
MIAMI FL 33168**

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

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 ☐ Delete
NAME **RODRIGUEZ, MICHAEL**
STREET ADDRESS **1000 SW 78 PLACE**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME **DEL SOL, ERNESTO**
STREET ADDRESS **5541 S.W. 138 CT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME **PENA, JORGE**
STREET ADDRESS **1431 SW 125 CT.**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME **CASTRO, ADRIAN**
STREET ADDRESS **14911 SW 80TH ST #202**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME **ST RODRIGUEZ, ALBERTO**
STREET ADDRESS **9514 SW 125TH TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME **SHERAR, RAUL**
STREET ADDRESS **4342 SW 97TH AVE**
CITY-ST-ZIP **MIAMI FL 33165**

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

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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rodriguez 3-4-02 305-266-0266
Date Daytime Phone

CR2E037 (10/02)