

3/21

FILED
May 29, 2002 8:00 am
Secretary of State

03-28-2002 90167 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24282

1. Entity Name

IGLESIA BAUTISTA EMAUS, INC.

Principal Place of Business

Mailing Address

7441 SW 127 AVENUE
MIAMI FL 331558404 SW 40 ST
MIAMI FL 33183

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

65-0056226

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

BAEZ ROGER E
 C/O DEVALDES & ASSOCIATES INC
 8404 SW 40 ST
 MIAMI FL 33155

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete
 NAME BAEZ, ROGER
 STREET ADDRESS 12262 SW 10TH LANE
 CITY-ST-ZIP MIAMI FL

TITLE VPD ☒ Change ☐ Addition
 NAME BAEZ, ROGER
 STREET ADDRESS 12262 S.W. 10TH LANE
 CITY-ST-ZIP MIAMI, FL 33184

TITLE D ☒ Delete
 NAME LEGRA, MIRTA
 STREET ADDRESS 2020 S W 127 AVENUE
 CITY-ST-ZIP MIAMI FL 33175

TITLE PD ☐ Change ☒ Addition
 NAME LOPEZ, MIGUEL
 STREET ADDRESS 8543 S.W. 115 COURT
 CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
 NAME MAIR WILLIAM ESQUIVEL
 STREET ADDRESS 9320 FOUNTAINE BLEAU B-104
 CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(l), 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: MIGUEL LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/02

(305) 270-3362

Date

Daytime Phone #

CR2E037 (9/01)