

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90107 030 \*\*\*\*70.00

**DOCUMENT # N26818**

1. Entity Name

~~MIAMI GRACE CHURCH, INC.~~ **KENDALL COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

14470 SW 71 LANE  
 MIAMI FL 33183

14470 SW 71 LANE  
 MIAMI FL 33183-2134

2. Principal Place of Business

3. Mailing Address

**8221 SW 138 AVE**

**8221 SW 138 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI FLA**

**MIAMI FLA.**

City & State

City & State

4. FEI Number

**59-2818663**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip  
**33183**

Country  
**USA**

Zip  
**33183**

Country  
**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, SAMUEL A.**  
**14470 SW 71 LANE**  
**MIAMI FL 33183**

Name **RUDY BLANCO**

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

**8221 SW 138 AVE**

City **MIAMI FLA**

**FL**

Zip Code **33183**

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

*Rudy Blanco*

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

(NOTE: Registered Agent signature required when reinstating)

*4/27/00*  
 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 **D**  Delete  
 NAME **LOPEZ, SAMUEL A.**  
 STREET ADDRESS **14470 S.W. 71 LANE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DP**  Change  Addition  
 NAME **ANDRES MARCANO**  
 STREET ADDRESS **14237 SW 94 CIR LN #105**  
 CITY-ST-ZIP **MIAMI FLA. 33186**

TITLE **DP**  Delete  
 NAME **RIVERA, RONELL**  
 STREET ADDRESS **15533 SW 113 STREET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DP**  Change  Addition  
 NAME **DOUG HURD**  
 STREET ADDRESS **14310 SW 97 LANE**  
 CITY-ST-ZIP **MIAMI FLA. 33186**

TITLE **D**  Delete  
 NAME **BLANCO, RUDOLFO**  
 STREET ADDRESS **8221 SW 138 AVE.**  
 CITY-ST-ZIP **MIAMI FL**

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  
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 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)(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:

*Rudy Blanco* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/00 (305) 383-2863*

DATE

DAYTIME PHONE #

CR2E037 (9/99)