## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N26818** May 10, 2000 8:00 am Secretary of State 1. Entity Name KENDALL COMMUNITY CHURCH -MIAMI-GRACE CHURCH, INC. 05-10-2000 90107 030 \*\*\*\*70.00 Principal Place of Business Mailing Address 14470 SW 71 LANE 14470 SW 71 LANE MIAMI FL 33183-2134 MIAMI FL 33183 3. Mailing Address 2. Principal Place of Business 82215W 138 AVE 8221 5W 138AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI MIAMI Applied For City & State City & State 4. FEI Number 59-2818663 Not Applicable Zip 33183 Country \$8.75 Additional 5. Certificate of Status Desired 331 83 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUDY BLANCO Street Address (P.O. Box Number is Not Acceptable) LOPEZ, SAMUEL A. 14470 SW 71 LANE 8221 SW 138 AVE **MIAMI FL 33183** HIAMI FLA 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE Delete ANDRES MARCANO NAME NAME LOPEZ, SAMUEL A. 14237 BW 94 CIN LN #105 STREET ADDRESS STREET ADDRESS 14470 S.W. 71 LANE CITY-ST-ZIP MIAMI FLA. 33186 CITY-ST-ZIP <u>Miami Fl</u> Delete TITLE ★ Addition TITLE DP DOUG HURD NAME NAME RIVERA, RONELL 14310 SW 97 LANE STREET ADDRESS STREET ADDRESS 15533 SW 113 STREET 33186 CITY-ST-ZIP MIAMI FLA. CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition TIT! F TITLE ☐ Delete NAME **BLANCO, RUDOLFO** NAME STREET ADDRESS STREET ADDRESS 8221 SW 138 AVE. --CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition TITI F □ Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

SINCLES LES ASSOCIABLED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/60 (305)383-2863