FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # N29666** 1. Entity Name IGLESIA BAUTISTA REDENCION, INC. 02-15-2001 90013 025 ****66.25 Principal Place of Business Mailing Address 5859 S.W. 16TH STREET 5859 S.W. 16TH STREET AUDKKOKO MIAMI FL 33155-2104 MIAMI FL 33155-2104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0114902 Not Applicable Zip Country Zip Country_ \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIAZ, TOMAS REV. 5122 S.W. 5TH TERRACE **MIAMI FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECRETARY Addition TITLE Delete TITLE ☐ Change APARICIO JORGE NAME DIAZ. TOMAS REV. NAME STREET ADDRESS 5122 S.W. 5TH TERRACE STREET ADDRESS 9146 NW 119 TERRACE HIALLAR GARDENS CITY-ST-ZIP CITY-ST-ZIP --33018 FL MIAMI FL 33134 TITLE ☐ Delete TITLE Change Addition NAME CONSUEGRA, HECTOR PORRO, CARLOS, 6280-SW 48 ST MIAMI FL 33144 STREET ADDRESS STREET ADDRESS 2525 S.W. 24TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Delete TITLE ☐ Change Addition TITLE GONZALEZ, E R NAME MIAMI FL NAME FELIPE PASTOR GONZALEZ STREET ADDRESS STREET ADDRESS 325 OCEAN DR., APT #204 7111%SW 129 AVE UNIT #6 CITY-ST-ZIP CITY-ST-7/P **MIAMI FL 33139** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CORDERO, PEDRO - -NAME STREET ADDRESS STREET ADDRESS 4721 N.W. 7TH ST., APT #410 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LIMA, EDUARDO NAME STREET ADDRESS STREET ADDRESS 12702 S.W. 113TH LANE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** AS TITLE Delete TITLE Change ☐ Addition NAME GUIARDINU, ELIAS NAME STREET ADDRESS STREET ADDRESS 8615 N.W. 8TH STREET, #214 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** 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:

SICKEVATOMASRUTAZIEC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF 02-5-01

Date

305 5886218

Daytime Phone #