

2002 UNIFORM BUSINESS REPORT (UBR)

0024797

DOCUMENT # N29666

1. Entity Name

IGLESIA BAUTISTA REDENCION, INC.

FILED

02 JAN 14 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5859 S.W. 16TH STREET MIAMI FL 33155-2104	Mailing Address 5859 S.W. 16TH STREET MIAMI FL 33155-2104
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0114902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIAZ, TOMAS REV.
5122 S.W. 5TH TERRACE
MIAMI FL 33134

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.

SIGNATURE **TOMAS DIAZ** 01/9/02

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, TOMAS REV.	
STREET ADDRESS	5122 S.W. 5TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONSUEGRA, HECTOR	
STREET ADDRESS	2525 S.W. 24TH COURT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, E R	
STREET ADDRESS	325 OCEAN DR., APT #204	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORDERO, PEDRO	
STREET ADDRESS	4721 N.W. 7TH ST., APT #410	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIMA, EDUARDO	
STREET ADDRESS	12702 S.W. 113TH LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	APARICO, JORGE	
STREET ADDRESS	9146 NORTH WEST 119 TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 330-18 B	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PORRO	
STREET ADDRESS	6280 SW 4 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. ERNESTO ALFONSO	
STREET ADDRESS	3000 SW 102 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **TOMAS DIAZ** 01/9/02 305 2677499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)