

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0027396

DOCUMENT # N29666

1. Entity Name

IGLESIA BAUTISTA REDENCION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 OCT 10 AM 11:58

Principal Place of Business

**5859 S.W. 16TH STREET
MIAMI FL 33155-2104**

Mailing Address

**5859 S.W. 16TH STREET
MIAMI FL 33155-2104**

REINSTATEMENT 03



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

40

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0114902**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **TOMAS DIAZ**

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

5859 SW 16st

City **MIAMI**

FL

Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

10-8-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **PORRO, CARLOS**
STREET ADDRESS **6280 S.W. 4TH ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **(PD) TOMAS DIAZ** Change Addition
NAME **TOMAS DIAZ**
STREET ADDRESS **5869 SW 16st MIAMI FLA**
CITY-ST-ZIP **33155**

TITLE **D** Delete
NAME **ALFONSO, ERNESTO REV**
STREET ADDRESS **3000 SW 102 PL**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **(D) EDUARDO LIMA** Change Addition
NAME **EDUARDO LIMA**
STREET ADDRESS **12702 SW 113 LANE MIAMI FLA**
CITY-ST-ZIP **33186**

TITLE **D** Delete
NAME **CORDERO, PEDRO**
STREET ADDRESS **4721 N.W. 7TH ST., APT #410**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **(D) JORGE APARICIO** Change Addition
NAME **JORGE APARICIO**
STREET ADDRESS **9146 NW 119 TERRACE HIALEAH GARDENS FLA**
CITY-ST-ZIP **33018**

TITLE **ST** Delete
NAME **APARICIO, JORGE**
STREET ADDRESS **9146 NORTH WEST 119 TERRACE**
CITY-ST-ZIP **HIALEAH GARDENS FL 330-18 B**

TITLE **(ST) JULIA DIAZ** Change Addition
NAME **JULIA DIAZ**
STREET ADDRESS **5869 SW 16st MIAMI FLA**
CITY-ST-ZIP **33155**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **600023922016**
STREET ADDRESS **10/20/03--01004--010 **236.25**
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:

[Handwritten Signature]

TOMAS DIAZ

10-8-03 7863267808

CR2E037 (10/02)