

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31124

1. Entity Name

BIBLE CHURCH OF HIALEAH, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90052 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7400 NW SOUTH RIVER DR  
 B-3  
 MEDLEY FL 33166  
 US

7400 NW SOUTH RIVER DR  
 B-3  
 MEDLEY FL 33166-2559  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0122936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULIO, PINEIRO A  
 660 E 5 ST  
 HIALEAH FL 33010

Name *PINEIRO, Julio A.*

Street Address (P.O. Box Number is Not Acceptable)  
*5591 NW 201 St.*

City *CAROL City* FL Zip Code *33055*

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PINEIRO, JULIO	
STREET ADDRESS	660 E 5 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JIMENEZ, MARIO A	
STREET ADDRESS	19780 SW 208 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JIMENEZ, RUTH	
STREET ADDRESS	19780 SW 208 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FROYLA, NONES	
STREET ADDRESS	15212 B2 W. 46 LN, APT B	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABRADOR, JULIO	
STREET ADDRESS	1071 E 20TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, NORBERTO	
STREET ADDRESS	1545 SW 6TH ST #3	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEIRO, Julio	
STREET ADDRESS	5591 NW 201 St	
CITY-ST-ZIP	CAROL City, FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuentes, Froyla	
STREET ADDRESS	15212-B SW 46 LANE	
CITY-ST-ZIP	MIAMI, FL 33185	
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: *JULIO PINEIRO* DATE: *4/25/00* DAYTIME PHONE: *305-863-8008*

CR2E037 (9/99)