FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2001 8:00 am § Secretary of State DOCUMENT # N31124 1. Entity Name 08-31-2001 90002 005 ****70.00 BIBLE CHURCH OF HIALEAH, INC. Principal Place of Business Mailing Address 7400 NW SOUTH RIVER DR 7400 NW SOUTH RIVER DR DUUDZOJD MEDLEY FL 33166 MEDLEY FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0122936 Not Applicable Zip Country Country \$8.75 Additional 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) JULIO, PINEIRO A 5591 NW 201 ST. CAROL CITY FL 33055 City 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** 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (2/01) ☐ Delete TITLE ☐ Addition PINEIRO, JULIO NAME NAME STREET ADDRESS 5591 NW 201 ST STREET ADDRESS CR2E037 CITY-ST-ZIP CAROL CITY FL 33055 CITY-ST-ZIP TITLE Delete TITLE 19494 SW 210 Street miami, FL 33187 JIMENEZ, MARIO A NAME NAME STREET ADDRESS 19780 SW 208 ST / STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TD. -TITLE Delete -TITLE JIMENEZ, RUTH NAME NAME 19780 SW 208 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FUENTES, FROYLA NAME NAME 15212-B SW 46 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LABRADOR, JULIO NAME NAMĘ STREET ADDRESS 1071 E 20TH ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RAMOS, NORBERTO NAME NAME 1545 SW 6TH ST #3 STREET ADDRESS STREET ADDRESS CITY-ST-7IF **MIAMI FL 33135** CITY-ST-ZIP Miami,

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 air other like empowered.

SIGNATURE

8-22-2001