FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State **DOCUMENT # N31124** 1. Entity Name 09-17-2002 90102 037 ****61.25 BIBLE CHURCH OF HIALEAH, INC. Principal Place of Business Mailing Address 7400 NW SOUTH RIVER DR 7400 NW SOUTH RIVER DR R-3 MEDLEY FL 33166 MEDLEY FL 33166 HS 18 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0122936 Not Applicable \$8.75 Additional Ziρ Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JULIO, PINEIRO A 5591 NW 201 ST. CAROL CITY FL 33055 Zip Code City FL 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 \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME PINEIRO, JULIO NAME STREET ADDRESS STREET ADDRESS 5591 NW 201 ST CITY-ST-ZIP CJTY - ST - 7IP CAROL CITY FL 33055 Addition Change TITLE ☐ Delete ۷D NAME Jimenez. Mario a STREET ADDRESS STREET ADDRESS 19494 SW 210 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 ☐ Addition Change Delete TITLE TITLE NAME Jimenez, Ruth NAME STREET ADDRESS STREET ADDRESS 19494 SW 210 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 SΏ Change Change Addition TITLE Delete PINEIRO BETSY 5591 N.W. 201 ST. FUENTES_FROYLA NAME NAME STREET ADDRESS 15212-B SW 46-LANE STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 2206E.JT VIID long MIAMI FL 33185 ☐ Addition ☐ Change ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Labrador, Julio

HIALEAH FL 33013

RAMOS, NORBERTO

NORTH MIAMI FL 33162

400 NE 155 TERR

1071 E 20TH ST

WYOTH REFUNCTION DIRECTOR

☐ Delete

·· 9-5-2002 305-863-800E

☐ Change

☐ Addition

CR2E037 (9/01)