

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

FILED
Jul 15, 2002 8:00 am
Secretary of State

06-11-2002 90151 023 ****61.25

DOCUMENT # N32208
1. Entity Name
Asamblea Evangelica de Hialeah ✓

DO NOT WRITE IN THIS SPACE

97283

2. Principal Place of Business
691 East 27 Street Suite, Apt. #, etc.
3. Mailing Address
Same as above.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Florida
Zip
33013
Country

City & State
Zip
Country

4. FEI Number
65-0119354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Carlos R. Miro
Street Address (P.O. Box Number is Not Acceptable)
6110 S.W. 92 Ave
City Miami FL Zip Code 33173

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 Carlos R. Miro (president) [Signature] 4-29-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Carlos R. Miro (president) 6110 S.W. 92 Ave Miami Fla 33173 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carlos Paredes 3533 N.W. 18 Street Miami FL 33125 +
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Orlando Santana 17352-70 Street North Coral Gables FL 33470 +
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Bunaye (speaker) 6954 West 29 Ave. Hialeah Fla 33018 +
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Casal (speaker) 3020 N.W. 90 Street Miami FL 33147 +
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with or without the like organization.

SIGNATURE: [Signature] 5-26-2002 305-371-5086
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/01)