1/20/01-:

2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) -DOCUMENT # N33044 1. Entity Name BRETHREN IN CHRIST CHURCH CORP.			R)	FILED Feb 12, 2001 8:00 an Secretary of State 01-20-2001 90020 039 ****75.00		
Principal Place of Business	Mailing Address					
80 E. 10TH AVENUE HIALEAH FL 33010	930 HIALEAH DR #6 HIALEAH FL 33010		1 (188)	51V		
2. Principal Place of Business 80 E 1074 AVI Suite, Apt. #, etc.	3. Mailing Address 930 Hip Suite, Apt. *, etc.	LEAH D	R.	DO NOT WRITE IN THIS S	21) big it gigit 21215 21211 100+	
City & State HIALPAH FL 33010	City & State	FL	4. FEI Numb	23-0536540	Applied For Not Applicable	
23010 U.S.A.	Zip 33010	Country V S A	5. Certificate		8.75 Additional	
6 Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Registered A	gent	
DIAZ, NORMA			Address (P.O. Box Numb	er is Not Acceptable)		
41 E 20TH ST HIALEAH FL 33010		-				
		City		FL	Zip Code	
8. The above named entity submits this statement for	or the purpose of changing it	ts registered office of	r registered agent, or bo			
SIGNATURE Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered FILE NOW: 9. Election Campaign Final		\$5.00 May Be Added to Fees	Make Check P Department		
10. OFFICERS AND DI		11.		ANGES TO OFFICERS AND DIR		
NAME DIAZ, MIGUEL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	SECHOTARY MARIA 16607 NU MIAMI	TIBATED TRAVE =	Change Addition	
TITLE STD PERSZ, BEN J STREET ADDRESS 7201 W 29 WAY LITY-ST-ZIP LIALEAH FL 33016	Ø Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE D HANES, EDUARDO STREET ADDRESS CITY-ST-ZIP MAIN! FL	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
INTLE D RUGAMA, DAVID STREET ADDRESS DITY-SI-ZIP MIAMI FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empichanged, or on an attachment with an address.	s true and accurate and that owered to execute this repon with all other title empowered	my signature shall h t as required by Cha t.	ave the same legal effect apter 617, Florida Statute	as if made under oath; that I ar	n an officer or director Block 10 or Block 11 if	