

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

0015761

**DOCUMENT # N33044**

1. Entity Name

**BRETHREN IN CHRIST CHURCH CORP.**

06-20-2002 90061 026 \*\*\*\*70.00

Principal Place of Business	Mailing Address
80 E. 10TH AVENUE HIALEAH FL 33010	930 HIALEAH DR #6 HIALEAH FL 33010

2. Principal Place of Business	3. Mailing Address
930 HIALBAH DR. Suite, Apt. #, etc. # 6	930 HIALBAH DR Suite, Apt. #, etc. # 6

City & State	City & State
HIALEAH FL	HIALEAH FL
Zip	Zip
33010	33010
Country	Country
D	



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
23-0536540	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, NORMA 41 E 20TH ST HIALEAH FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_ (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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MIGUEL	NAME	
STREET ADDRESS	41 E 20TH ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIBAR, MARIA D	NAME	
STREET ADDRESS	16607 NW 72 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANES, EDUARDO	NAME	
STREET ADDRESS	8928 SW 150 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGAMA, DAVID	NAME	
STREET ADDRESS	1835 SW 9TH ST, #2	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Miguel Diaz* **REQUIRED** 6-7-02 305 8873408

CR2E037 (9/01)