

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90184 024 \*\*\*\*61.25

**DOCUMENT # N33054**

1. Entity Name

**IGLESIA BAUTISTA RHEMA, INC.**

Principal Place of Business

Mailing Address

**9165 FONTAINBLEAU BLVD #8  
 MIAMI FL 33172  
 US**

**PO BOX 523021  
 MIAMI FL 33152  
 US**

**00050227**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, SALVADO  
 13539 SW 62 ST. #5  
 SUITE 212  
 MIAMI FL 33144**

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

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  
 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 NAME  Delete  
**D**  
**DUSSAN, BELARMINO B.**  
 STREET ADDRESS **9165 FONTAINBLEAU BLVD.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
**Mr David H. Dussan**  
 STREET ADDRESS **9165 Fontainebleau Blvd #8**  
 CITY-ST-ZIP **Miami FL 33172**

TITLE NAME  Delete  
**SD**  
**TRUJILLO, PEDRO NEL**  
 STREET ADDRESS **9674 FONTAINBLEAU BLVD, #39**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D**  
**JARAMILLO, YOLANDO**  
 STREET ADDRESS **9110 FONTAINBLEAU BLVD**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D**  
**GARCIA, MARLEN LUGO**  
 STREET ADDRESS **7859 W 36TH AVE, 103**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 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:

*Belarmino B. Dussan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01 305-640-1910

CR2E037 (10/00)