

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39298

1. Entity Name

**NORTH PALM SPANISH BAPTIST CHURCH, INC.**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90060 014 \*\*\*\*70.00

|  |   |
|--|---|
| Principal Place of Business<br><b>444 W. 43 PLACE<br/>HIALEAH FL 33012</b> | Mailing Address<br><b>444 W. 43 PLACE<br/>HIALEAH FL 33012-3875</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>65-0211359</b> | Applied For<br><input type="checkbox"/> Not Applicable                    |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

**6. Name and Address of Current Registered Agent**

**JORDAN, PEDRO**  
**159 W 29 ST #1**  
**HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**

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 |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>D ACOSTA, RAUL</b>           |
| STREET ADDRESS             | <b>220 W 68TH ST 103</b>        |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>               |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>D GRANADA, SILVIO</b>        |
| STREET ADDRESS             | <b>4800 NW 173RD DR</b>         |
| CITY-ST-ZIP                | <b>CAROL CITY FL</b>            |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>D ROMERO, NICOLAS</b>        |
| STREET ADDRESS             | <b>3885 W 8TH WAY</b>           |
| CITY-ST-ZIP                | <b>HIALEAH FL</b>               |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>D PEREZ, ALBERTO</b>         |
| STREET ADDRESS             | <b>17617 SW 32 ST</b>           |
| CITY-ST-ZIP                | <b>MIRAMAR FL 33029</b>         |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>DP LOPEZ, ANGEL</b>          |
| STREET ADDRESS             | <b>13730 S.W. 32 STREET</b>     |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| 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: **SIGNATURE REQUIRED** **4/6/00** **(805) 822-9165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)