

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90147 031 ****70.00

DOCUMENT # N43794

1. Entity Name

FIRST SPANISH CHURCH OF THE OPEN BIBLE, INC.

Principal Place of Business

Mailing Address

**490 EAST 50TH STREET
 HIALEAH FL 33013**

**490 EAST 50TH STREET
 HIALEAH FL 33013-1541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0005650

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

**CAJIGAS, RALPH A.
 3540 WEST 1ST AVENUE
 HIALEAH FL 33012**

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	T	<input type="checkbox"/> Delete
NAME	GUERRERO, MANUEL	
STREET ADDRESS	4424 8TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IDELFONSO	
STREET ADDRESS	415 E. 40TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, WILLIAM	
STREET ADDRESS	13910 APPALACHIAN TRAIL	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, AURELIO	
STREET ADDRESS	17340 NW 31ST AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOTOLONGO, JUANA	
STREET ADDRESS	5461 W. 27TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAVAREZ, JIMMY	
STREET ADDRESS	12515 SW 7TH PLACE	
CITY-ST-ZIP	DAVIE FL	

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 checked="" type="checkbox"/> Addition
NAME	WILLIAM GONZALEZ	
STREET ADDRESS	291 N.W. 78th. TERRACE	
CITY-ST-ZIP	BLDG.#Z APT. 206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEMBROKE PINES, FLA. 33024	
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: *Ralph A. Cajigas* **RALPH A. CAJIGAS**

JANUARY 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)