

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90040 029 *****70.00

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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**

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

65-0005650

Applied For

☒ Not Applicable

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 ☐ Delete
NAME **T GUERRERO, MANUEL**
STREET ADDRESS **4424 8TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **HERNANDEZ, IDELFONSO**
STREET ADDRESS **415 E. 40TH STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **ROMAN, AURELIO**
STREET ADDRESS **17340 NW 31ST AVENUE**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **SOTOLONGO, JUANA**
STREET ADDRESS **5461 W. 27TH COURT**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **TAVAREZ, JIMMY**
STREET ADDRESS **12515 SW 7TH PLACE**
CITY-ST-ZIP **DAVE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PP ☐ Delete
NAME **CAJIGAS, RALPH A**
STREET ADDRESS **3540 W. 1ST AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ 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**

2/22/02

(305)688.0713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)