2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N45459** Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** IGLESIA BIBLICA CRISTIANA DE HIALEAH GARDENS, INC. 07-28-2000 90144 029 ****61.25 Principal Place of Business Mailing Address 8715 NW 119 STREET 8715 NW 119 STREET HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0312372 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D GOMEZ Street Address (P.O. Box Number is Not Acceptable) MONTCRIFFE, OSGAR JR. 7 NW 109 PLACE MIAMI-FL-31722 Zip Code 33012 HIALEAH 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 . 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be \Box After September 13, 2000 min, will be \$236.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition TARASIVK, MARIO D NAME NAME 6954 BOTTLE BRUSH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP D ☐ Change ★ Addition TITLE Delete TITLE RICK DORADO MUSE, JEORGE 9120 FORTAINEBLEAU BLVd., #309 NAME NAME STREET ADDRESS 11313 N.W. 59 TERRACE STREET ADDRESS 33172 CITY-ST-ZIP... CITY-ST-ZIP MIAMI-FL-33178 - - ---Delete TITL F Change Addition TITLE ROSADO, JUAN NAME NAME STREET ADDRESS 8221 N.W. 200 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Delete TITLE ☐ Change ☐ Addition TITI F ONTANEDA, CESAR NAME NAME STREET ADDRESS 3522 NW 95 TERR.AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.