

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90144 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N45459**

1. Entity Name   
**IGLESIA BIBLICA CRISTIANA DE HIALEAH GARDENS, INC.**

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.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0312372**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~—MONTCRIFFE, OSCAR JR.—~~  
~~—7 NW 109 PLACE—~~  
~~—MIAMI FL 31722—~~

7. Name and Address of New Registered Agent  
 Name **JUAN D. GOMEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1655 W. 65th STREET**  
 City **HIALEAH**      FL      Zip Code **33012**

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 **JUAN D. GOMEZ**      DATE **7/12/00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>TARASIVK, MARIO D</b>
STREET ADDRESS	<b>6954 BOTTLE BRUSH DRIVE</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MUSE, GEORGE</b>
STREET ADDRESS	<b>11313 N.W. 59 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI-FL 33178</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSADO, JUAN</b>
STREET ADDRESS	<b>8221 N.W. 200 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ONTANEDA, CESAR</b>
STREET ADDRESS	<b>3522 NW 95 TERR.AVE</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICK DORADO</b>
STREET ADDRESS	<b>9120 FONTAINEBLEAU BLVD., #309</b>
CITY-ST-ZIP	<b>Miami, FL 33172</b>
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: **DIION S. TORRES**      DATE **07/12/00**      DAYTIME PHONE # **3055571959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)