

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90453 001 ****61.25
 04-24-2002 90453 002 ****8.75

DOCUMENT # N47973

1. Entity Name

IGLESIA BAUTISTA EL REDENTOR, INC.

Principal Place of Business

Mailing Address

755 E. 49TH ST.
 #5
 HIALEAH FL 33012
 US

63 E 58TH ST
 HIALEAH FL 33013-1241
 US

2. Principal Place of Business

3. Mailing Address

1791 W. 72 Street.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Hialeah, Florida

4. FEI Number

65-0326085

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, PEDRO PABLO
63 EAST 58TH STREET
HIALEAH FL 33013

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	DP	<input type="checkbox"/> Delete
NAME	PEREZ, PEDRO PABLO	
STREET ADDRESS	63 E. 58 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERRER, LUIS	
STREET ADDRESS	1736 W. 44TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PEREZ, ARGEL E.	
STREET ADDRESS	1791 W 72 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONZON, MILAGROS	
STREET ADDRESS	5035 E. 1ST AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, PEDRO P, SR.	
STREET ADDRESS	63 EAST 58 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYALA, LUIS	
STREET ADDRESS	13530 NW 2ND ST	
CITY-ST-ZIP	PLANTATION FL 33325	

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	
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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: *Argel Perez* **SIGNATURE REQUIRED** *Perez (Treasurer)* **4/11/02** **(305) 556 31 27**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)