2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000001160 May 30, 2000 8:00 am Secretary of State 1. Entity Name HIALEAH FREE METHODIST CHURCH, INC. 05-30-2000 90078 003 ****70.00 Mailing Address Principal Place of Business 921 EAST 47TH ST. 921 EAST 47TH ST. HIALEAH FL 33013 HIALEAH FL 33013-2034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0016143 Not Applicable Zip 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 Street Address (P.O. Box Number is Not Acceptable) BELARMINIO, MARTINEZ 90 NE 68TH ST MIAMI FL 33138 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Addition Addition Augusto Corniel BELARMINIO, MARTINEZ NAME 2840 NW, 220+ STREET ADDRESS STREET ADDRESS 90 NE 68TH ST Miami, FL 33/42 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Remi Sanchez 8738, N.W. 116 TER. Hialech Gardens, FL 33018 Delete TITLE Change ☐ Addition TITLE NAME GARCIA, MARIA NAME STREET ADDRESS STREET ADDRESS 11697 N W 89TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE Cella NAME COLON, CELIA NAME 531E TAVE STREET ADDRESS STREET ADDRESS 531 EAST 7TH AVE. 191eah Fla.33010 CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33010 ☐ Change ☐ Addition ☐ Delete Douglus Moya. TITLE TITLE MOYA, DOUGLAS E NAME NAME 10541 NW. 29Ct. STREET ADDRESS STREET ADDRESS 921 E 47 ST CITY-ST-ZIP HIALEAH FL 33013 . Change --- Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

elia Colon 5-11-00 - 305.888 6138