2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am § DOCUMENT # **N93000001160** Secretary of State 1. Entity Name 03-06-2002 90026 033 ****70.50 HIALEAH FREE METHODIST CHURCH, INC. Principal Place of Business Mailing Address 921 EAST 47TH ST. 921 EAST 47TH ST. HIALEAH FL 33013 HIALEAH FL 33013 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 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 区 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BELARMINIO, MARTINEZ** 90 NE 68TH ST **MIAMI FL 33138** Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, TITLE ☐ Delete TITLE ☐ Change ▲ Addition Augusto Corniel NAME **BELARMINIO, MARTINEZ** 2840 N.W. 22 ct STREET ADDRESS STREET ADDRESS 90 NE 68TH ST Miami, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE SD ☐ Delete TITLE dia Garaía Change Addition 8361 N.W. 166 TER. NAME CORNIEL, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 4800 NW 79 AVENUE APT 207 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Delete TITLE ☐ Change NAME COLON, CELIA STREET ADDRESS 531 E 7 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOYA, DOUGLAS E NAME STREET ADDRESS 10541 NW 29 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 office like empowered.

SIGNATURE:

ISIGHATURE REBUGGA DUINN MANTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

(305) 888-5126

Daytime Phone #

FILED