

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90163 001 ****61.25

DOCUMENT # N93000001160

1. Entity Name

HIALEAH FREE METHODIST CHURCH, INC.



Principal Place of Business

**921 EAST 47TH ST.
HIALEAH FL 33013**

Mailing Address

**921 EAST 47TH ST.
HIALEAH FL 33013**

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 **65-0016143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELARMINIO, MARTINEZ
90 NE 68TH ST
MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELARMINIO, MARTINEZ 90 NE 68TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORNIEL, CYNTHIA 4800 NW 79 AVENUE APT-207 MIAMI FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vanessa CARO 17900 N.W. 2 PL MIAMI, FL 33169	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, CELIA 531 E 7 AVE HIALEAH FL 33010	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cynthia Corniel 921 E 47 ST North Miami Beach, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYA, DOUGLAS E 10541 NW 29 CT MIAMI FL 33147	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Samuel Moya 10440 N.W. 29 CT MIAMI, FL 33147	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNIEL, AUGUSTO 2840 NW 22 CT MIAMI FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARA'A, NADIA 8361 NW 166 TERRACE MIAMI FL 33016	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

1/27/03

CR2E037 (10/02)