

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90059 043 ****61.25

DOCUMENT # N93000003822

1. Entity Name

MIAMI BETHANY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

**2490 N.W. 35 STREET
 MIAMI FL 33142**

Mailing Address

**2490 N.W. 35 STREET
 MIAMI FL 33142**

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

65-0434291

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

**JAUREGUI, OBED F REV
 611 SE 4 PL
 HIALEAH FL 33010**

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

OBED F. JAUREGUI

4/30/2001

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 **D** ☐ Delete
 NAME **JAUREGUI, OBED F**
 STREET ADDRESS **611 SE 4 PL**
 CITY-ST-ZIP **HIALEAH FL 33142**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TS** ☒ Delete
 NAME **LEIVA, MARIA DE LOS A**
 STREET ADDRESS **640 EAST, 2ND AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **ST** ☒ Change ☐ Addition
 NAME **GUILLERMO RODRIGUEZ**
 STREET ADDRESS **836 NW 17 CT**
 CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **T** ☐ Delete
 NAME **CHE, CELINA**
 STREET ADDRESS **3421 NW 15TH STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete
 NAME **GOMEZ, HIVYS A**
 STREET ADDRESS **625 SE 4 PLACE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **T** ☒ Change ☐ Addition
 NAME **FRANCISCO JAUREGUI**
 STREET ADDRESS **611 SE 4 PLACE**
 CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **T** ☒ Delete
 NAME **GOMEZ, LUIS M**
 STREET ADDRESS **625 SE 4 PLACE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **T** ☒ Change ☐ Addition
 NAME **YULI GARCIA**
 STREET ADDRESS **611 SE 4 PLACE**
 CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 ROBERT JAUREGUI 4/30/2001 (305) 638-2213

CR2E037 (10/00)