

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004423

1. Entity Name

IGLESIA BAUTISTA INDEPENDIENTE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90135 023 ****61.25

Principal Place of Business

15186 SW 56TH ST
 MIAMI FL 33193
 US

Mailing Address

PO BOX 833443
 MIAMI FL 33283-3443
 US

2. Principal Place of Business

15078 SW 56 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0441673

Applied For

Not Applicable

Zip

Country

33185

US

Zip

Country

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

BRAITHWAITE, ARXAPHAD
 9220 SW 149 CT
 MIAMI FL 33196-1675

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	PD	<input type="checkbox"/> Delete
NAME	BRAITHWAITE, ARXAPHAD	
STREET ADDRESS	9220 SW 149 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAVARRO, JORGE	
STREET ADDRESS	5308 SW 152 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROMAN, HUMBERTO	
STREET ADDRESS	11340 SW 57 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, TERESA J	
STREET ADDRESS	2860 SW 140TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN S ESPINOSA	
STREET ADDRESS	14800 SW 80 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
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: *Braithwaite* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2000

Date

305-752-5557

Daytime Phone #

CR2E037 (9/99)