

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90009 049 *****69.00

DOCUMENT # N93000004865

1. Entity Name

MARRANO SEPHARDIC JEWISH CHURCH, INC.



Principal Place of Business

1712 W FLAGLER ST
MIAMI FL 33135
US

Mailing Address

1712 W FLAGLER ST
MIAMI FL 33135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARLOS ALBERTO SILVA SANTISTEBAN
14474 SW 174 TERRACE
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0436414

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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
Due By May 1, 2004

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

TITLE PD ☐ Delete
NAME SILVA-SANTISTEBAN, CARLOS ALBERTO
STREET ADDRESS 14474 SW 174 TERRA SW
CITY-ST-ZIP MIAMI FL 33177

TITLE V ☐ Delete
NAME REIMUNDO, ALVAREZ J
STREET ADDRESS 9540 SW 36 ST B
CITY-ST-ZIP MIAMI FL 33165

TITLE T ☐ Delete
NAME ALBERTO, SUARES
STREET ADDRESS 2712 NW 29 AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete
NAME BERNATEAU, JACQUES
STREET ADDRESS P.O BOX 524211
CITY-ST-ZIP MIAMI FL 33152

TITLE S ☐ Delete
NAME DAVILA, JUAN
STREET ADDRESS P.O BOX 524211
CITY-ST-ZIP MIAMI FL 33152

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-04

Date

786 8777334

Daytime Phone #