APR-23-2003 22:44

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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91500 002 ****61.25

DOCUMENT # N93000004865

1. Entity Name

MARRANO SEPHARDIC JEWISH CHURCH, INC.

100036493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1712 West Flagler St.	1712 West Flagler St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami Florida	City & State: Miami Florida	
Zip: 33135 Country:	Zip: 33135 Country:	

4. FEI Number: 650436414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carlos Alberto Silva-Santisteban

Street Address (P.O. Box Number is Not Acceptable): 14474 SW 174th Terrace

City: Miami, FL Zip Code: 33177

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: Carlos Alberto Silva Santisteban DATE: 4/24/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carlos Alberto Silva-Santisteban 14474 SW 174th Terrace Miami, FL 33177 President/Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Reimundo J. Alvarez 9540 SW 36th St. Vice-President Apt. B Miami, FL 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alberto Suares 2712 NW 29th Ave Treasurer Miami, FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacques Bernateau Director P.O. Box 524211 Miami, FL 33152
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Juan Davila P.O. Box 524211 Secretary Miami, FL 33152
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E030B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Alberto Silva Santisteban 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02