

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005423

1. Entity Name

IGLESIA BAUTISTA VICTORIA EN CRISTO INC.

Principal Place of Business

405 WEST 28 ST
MIAMI BEACH FL 33140
US

Mailing Address

13937 SW 44 LANE CR.
MIAMI FL 33175

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

65-0464094

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

PALACIOS, VICTOR M
13937 SW 44TH LN
CR #B
MIAMI FL 33175

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PALACIOS, VICTOR M.	13937 SW 44TH LANE, CIR. B	MIAMI FL				
T	AGUIRRE, JESSE	3801 SW 12 AVE #44	MIAMI FL 33166				
D	PALACIOS, MARTHA G.	13937 SW 44TH LANE, CIR. B	MIAMI FL				
T	NAVARO, RAFAEL	4605 SW 12 ST	MIAMI FL 33175				

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: *Martha G. Palacios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90051 040 ****61.25



DO NOT WRITE IN THIS SPACE

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