

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

37.

03-28-2003 90091 019 \*\*\*\*66.25

**DOCUMENT # N93000005800**

1. Entity Name  
**IGLESIA BAUTISTA EFESO, INC.**



Principal Place of Business      Mailing Address  
**2171 N.W. 22ND COURT**      **2171 N.W. 22ND COURT**  
**MIAMI FL 33142**      **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



CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired       \$8.75 Additional Fee Required

4. FEI Number **65-0460792**      Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**MENA, ROLANDO**  
**535 N.W. 12TH AVE.**  
**MIAMI FL 33136**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25      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   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---------------------------------|---|---|
| T<br>NAME<br>SOCORRO, MENA<br>STREET ADDRESS<br>7085 W 2ND AVE<br>CITY-ST-ZIP<br>HIALEAH FL        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T<br>NAME<br>ORTEGA, ROSENDO<br>STREET ADDRESS<br>3521 E 9TH CT<br>CITY-ST-ZIP<br>HIALEAH FL       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T<br>NAME<br>SUAREZ, JUAN B<br>STREET ADDRESS<br>703 NW 111 CT<br>CITY-ST-ZIP<br>MIAMI FL          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T<br>NAME<br>MENA, DANIEL<br>STREET ADDRESS<br>535 N.W. 12TH AVE.<br>CITY-ST-ZIP<br>MIAMI FL 33136 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *Rolando Mena*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)