

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000423

1. Entity Name

MISSION BAPTISTA HISPANA INC. DE CORAL BAPTIST CH

Principal Place of Business

201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33077-0067

Mailing Address

P.O. BOX 770067
CORAL SPRINGS FL 33077-0067

2. Principal Place of Business

3. Mailing Address

2930 Forest Hills Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ap. 205

City & State

City & State

CORAL SPRINGS, FL

Zip

Country

Zip

33065

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIDAL, CAROL R
2930 FOREST HILLS BLVD
APT 205
CORAL SPGS FL 33065

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

June 03/2000

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 D ☐ Delete
NAME VIDAL, FANNY
STREET ADDRESS 2930 FOREST HILLS BLVD APT 205
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Change ☒ Addition
NAME GARCIA, ANDRES
STREET ADDRESS 7743 COURTYARD RUN W.
CITY-ST-ZIP BOCA RATON FL. 33433

TITLE D ☐ Delete
NAME VIDAL, CAROL
STREET ADDRESS 2930 FOREST HILLS BLVD, APT 205
CITY-ST-ZIP CORAL SPGS FL

TITLE D ☐ Change ☒ Addition
NAME GALVEZ, LIZANDRO
STREET ADDRESS 7480 SW 10CT. #4
CITY-ST-ZIP NORTH LAUDERDALE FL. 33068

TITLE D ☒ Delete
NAME JIBAJA, ARMANDO
STREET ADDRESS 3507 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE D ☐ Delete
NAME HERRERA, SAMUEL
STREET ADDRESS 530 SW 56 ST
CITY-ST-ZIP COCONUT CREEK FL 33067

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

TITLE D ☒ Delete
NAME SOLIS, BETZABE
STREET ADDRESS 7743 COURTYARD RUN W.
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 03/2000 (954) 796-2695



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)