

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90160 025 \*\*\*\*61.25

**DOCUMENT # N94000000460**

1. Entity Name  
**BUENAS NOTICIAS DE FE, INC.**



Principal Place of Business

**5619 S UNIVERSITY DRIVE  
DAVIE FL 33328  
US**

Mailing Address

**PO BOX 292603  
DAVIE FL 33329  
US**

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

4. FEI Number **65-0460524**

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

**SIERRA, VIRGILIO  
5229 SW 117 AVENUE  
COOPER CITY FL 33330**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**MARCH 06/03**

**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

TITLE **PD** ☐ Delete  
NAME **SIERRA, VIRGILIO**  
STREET ADDRESS **5229 SW 117TH AVE**  
CITY-ST-ZIP **COOPER FL**

TITLE **Claudia Prada (Children Pastor)** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1470 NW 126 LANE**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **D** ☐ Delete  
NAME **CARRERO, MARIA J**  
STREET ADDRESS **1591 W FAIRWAYS RD**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **Cesar Prada (Couples Minister)** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1470 NW 126 LANE**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **DT** ☒ Delete  
NAME **SIERRA, JORGE**  
STREET ADDRESS **13436 NW 5TH PLACE**  
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **MARIA SIERRA (Ladies Pastor)** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **5229 SW 117TH AVE**  
CITY-ST-ZIP **Cooper City, FL 33330**

TITLE **D** ☐ Delete  
NAME **FIGUEROA, JOSE**  
STREET ADDRESS **4982 SW 122 TERR**  
CITY-ST-ZIP **COOPER CITY FL 33303**

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

TITLE **D** ☐ Delete  
NAME **ECHEVERRI, DIEGO**  
STREET ADDRESS **7401 NW 16 ST**  
CITY-ST-ZIP **PLANTATION FL 33313**

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

TITLE **Claudia Prada** ☐ 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 an other like empowered.

SIGNATURE:

**SIERRA, VIRGILIO**

**MARCH 06/03**

CR2E037 (10/02)