## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2000 8:00 am Secretary of State JOCUMENT # N94000001720 Entity Name IGLESIA EVANGELICA PIEDRA ANGULAR, INC. 04-24-2000 90012 046 \*\*\*\*61.25 Mailing Address rincipal Place of Business 6491 W. 2nd Avenue 6491 W. 2nd Avenue Hialeah, FL 33012 Hialeah, FL33012 D0034186 3. Mailing Address Principal Place of Business 3561 West Second Ave 820 West 79th Place Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Hialeah, Florida Florida Country 65-0566345 Hialeah. Country \$8.75 Additional 5. Certificate of Status Desired 33012 Fee Required U.S.A. 33014 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Palacios, Miriam <u>Palacios, Miriam</u> Street Address (P.O. Box Number is Not Acceptable) 818 West 79th Place <u>820 West 79th Place</u> Hialeah, FL Zip Code FL <u>Hialeah</u> <u>33014</u> 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ìῦ. 11. ☐ Delete TITLE DP NAME Palacios, Miriam ...... ADORESS STREET ADDRESS 820 West 79th Place Hialeah, FL 33014 CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Detete TITLE Change NAME Garcia, Miguel A. STREET ADDRESS 13334 N.W. 46th Terr. CITY-ST-ZIP ST-ZIP <u> Miami, FL</u> ☐ Delete Addition -TLE Burgos, Carmen STREET ADDRESS ....: Tabberes 3561 West Second Avenue CITY-ST-ZIP ST ZIP Hialeah, FL 33012 ☐ Change ☐ Addition TITLE NAME Garmendia, Genaro .na i i ANNRESS STREET ADDRESS 6325 N.W. 180th Terrace CITY-ST-7IP Miami, FL ☐ Delete ☐ Change ☐ Addition HLE NAME ..... anneess STREET ADDRESS CITY-ST-ZIP ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition HILE NAME ATTE ATTERESS 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. Miriam Palacios 4./2-00305/822-5970

SIGNATURE