

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002034

1. Entity Name

IGLESIA BAUTISTA EL MESIAS, INC.

Principal Place of Business

Mailing Address

517 SW 96TH COURT
MIAMI FL 33174
US

517 S.W. 96TH COURT
MIAMI FL 33174-2103

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

65-0481631

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

SILVA, JOSE SR
517 S.W. 96TH COURT
MIAMI FL 33174

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 **D** ☒ Delete
NAME **PALACIO, GISELA M**
STREET ADDRESS **2075 SW 122 AVE #513**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Change ☒ Addition
NAME **HECTOR MEDERO**
STREET ADDRESS **1311 SW 17 ST**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **D** ☐ Delete
NAME **SILVA, JOSE SR**
STREET ADDRESS **517 S.W. 96TH COURT**
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE **D** ☐ Delete
NAME **PALACIO, ALBERTO**
STREET ADDRESS **607 S.W. 96 COURT**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **NUNEZ, NILDA M.**
STREET ADDRESS **11022 W FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33174**

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

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:

Jose Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00 305-223-2277

Date

Daytime Phone #

CR2E037 (9/99)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90002 041 ****61.25



DO NOT WRITE IN THIS SPACE