

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90036 050 ****61.25

DOCUMENT # N94000002137

1. Entity Name

IGLESIA BAUTISTA "SION" INC.

Principal Place of Business

Mailing Address

378 WESTWARD DR.
 MIAMI SPRINGS FL 33166
 US

241 MORNINGSIDE DR.
 MIAMI SPRINGS FL 33166-5869
 US

2. Principal Place of Business

3. Mailing Address

378 WESTWARD DR.

241 MORNINGSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI SPRINGS FL.

MIAMI SPRINGS, FL.

4. FEI Number

65-0491261

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

U.S.

FL.

33166-5869

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

LUGO, ABILIO J
241 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

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 **PD** Delete
 NAME **TORNA, ESTHER M**
 STREET ADDRESS **241 MORNINGSIDE DR.**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **JEREZ, ROBERTO**
 STREET ADDRESS **326 W. 12 ST.**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **RAMIREZ, MIRIAM**
 STREET ADDRESS **2384 NW 30 ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Change Addition
 NAME **STD RAMIREZ, MIRIAM**
 STREET ADDRESS **3822 N.W. 58 CT.**
 CITY-ST-ZIP **VIRGINIA GARDENS, FL. 33166**

TITLE **D** Delete
 NAME **NUNEZ, HERMINO**
 STREET ADDRESS **133 W 9 ST APT 2**
 CITY-ST-ZIP **HIALEAH FL 33010**

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: **ABILIO J. LUGO, REGISTERED AGENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-00 (305)885-9686
 Date Daytime Phone #

CR2E037 (9/99)