

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90031 015 ****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 US

00057736

2. Principal Place of Business

3. Mailing Address

632 MINOLA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI SPRINGS FL

4. FEI Number

650583343

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

US.

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
 632 MINOLA 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.

(NOT) 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	<input type="checkbox"/> Delete
NAME	TORNA, ESTHER M	
STREET ADDRESS	241 MORNINGSID DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEREZ, ROBERTO	
STREET ADDRESS	326 W.12 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAMIREZ, MIRIAM	
STREET ADDRESS	2384 NW 30 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUÑEZ, HERMINIO	
STREET ADDRESS	133 W.9ST.APT 2	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORNA, ESTHER M	
STREET ADDRESS	632 MINOLA DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, MIRIAM	
STREET ADDRESS	3822 NW 58Ct	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICAZA, JESÚS	
STREET ADDRESS	501 PAINE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01 (205) 885 9686

Date Daytime Phone #

CR2E037 (11/00)