

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90073 013 \*\*\*\*70.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N94000004305**

1. Entity Name

**IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.**

Principal Place of Business

3220 SW 25 STREET  
 MIAMI FL 33133

Mailing Address

3220 SW 25 STREET  
 MIAMI FL 33133

(LA)

80062338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0520206

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANTANA, F M  
 13701 SW 84TH ST  
 UNIT G  
 MIAMI FL 33133

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

*[Handwritten 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROJAS, JUAN	
STREET ADDRESS	3220 SW 25 STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROJAS, DANIEL J	
STREET ADDRESS	17800 SW 152ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROJAS, JUAN E.	
STREET ADDRESS	3220 SW 25 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, ELIAS JR.	
STREET ADDRESS	12160 ST ANDREWS PL., #107	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, YASMIN	
STREET ADDRESS	12160 ST ANDREWS PL., #107	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UBALDO TEJEDOR	
STREET ADDRESS	13101 SW 118 Street	
CITY-ST-ZIP	MIAMI, FL 33186	
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		

CR2E037 (10/00)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #