# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 05, 2000 8:00 am**
**Secretary of State**
06-08-2000 90019 041 ****61.25

DOCUMENT # N94000005390

1. Entity Name

IGLESIA DE LA ROCA FIRME, CONVENCION BAUTISTA DE

| Principal Place of Business | Mailing Address |
|---|---|
| 3350 SW 144 AVE<br>MIAMI FL 33175<br>US | 3350 SW 144 AVE<br>MIAMI FL 33175-7414<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 12325 SW 20 Tr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Miami FL |
| Zip / Country | Zip: 33175 / Country: US |

4. FEI Number: 65-0537167 ☐ 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 |
|---|---|
| PALACI, DAVID<br>12325 SW 20 TERR<br>MIAMI FL 33175 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 5/1/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CALLE, IGNACIO<br>1045-47 NW 9 ST IR APT 113<br>MIAMI FL 33125 | ☑ Delete | P<br>Jonathan Palaci<br>12325 SW 20 Tr.<br>Miami FL 33175 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARBASALES, R<br>5670 W 21 AVE<br>HIALEAH FL 33016 | ☑ Delete | D<br>Ethel Palaci<br>12325 SW 20 Tr.<br>Miami FL 33175 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERNANDEZ, MANUEL<br>10257 NW 9 ST CIR APT 113<br>MIAMI FL 33172 | ☑ Delete | D<br>D. PALACI KING<br>3350 SW 144 AVE<br>Miami FL 33175 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CALLE, IGNACIO<br>1045-47 NW 9 ST CIR APT 113<br>MIAMI FL 33172 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOZANO, NOEL<br>13270 SW 58 TR 2<br>MIAMI FL 33183 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANCINA, D<br>6218 SW 131 PL 103<br>MIAMI FL 33183 | ☑ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 5/1/00 305 323 8910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #