

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90101 011 \*\*\*\*61.25

**DOCUMENT # N95000000288**

1. Entity Name

**NUEVA VIDA BAPTIST CHURCH OF HIALEAH GARDENS, IN C.**



Principal Place of Business

**NUEVAVIDA BAPTIST CHURCH  
SUITE 155-7  
HIGHLAND GARDENS FL 33016  
US**

Mailing Address

**HECTOR RODRIGUEZ  
9020 NW 21 CT  
PEMBROKE PINES FL 33024  
US**

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 **58-1705393**

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

**NUEVA VIDA BAPTIST CHURCH  
11300 NW 87 CT STE 155-157  
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Hector Rodriguez Pastor*  
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/1/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **AGRELO, JESUS**  
STREET ADDRESS **7191 W 24TH AVENUE UNIT 18**  
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE **SD** ☐ Delete  
NAME **CORPUS, ALDARONDO**  
STREET ADDRESS **1165 NW 128TH ST**  
CITY-ST-ZIP **N MIAMI FL 33168**

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

TITLE **T** ☐ Delete  
NAME **LANDRAU, OLGA**  
STREET ADDRESS **7151 W 3 CT**  
CITY-ST-ZIP **HIALEAH FL 33014**

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

TITLE **P** ☐ Delete  
NAME **RODRIGUEZ, HECTOR**  
STREET ADDRESS **9020 N.W. 21 CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **SD** ☐ Delete  
NAME **FERNANDEZ, GUILLERMO**  
STREET ADDRESS **11409 N.W. 87 PL**  
CITY-ST-ZIP **HIALEAH GARDEN FL 33016**

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

TITLE **T** ☐ Delete  
NAME **PLA, MERCEDES**  
STREET ADDRESS **3461 E. BLVD**  
CITY-ST-ZIP **HIALEAH FL 33013**

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:

*Hector Rodriguez Pastor*  
*Hector Rodriguez Pastor* *2/1/03*

CR2E037 (10/02)