

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000846

1. Entity Name

IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90050 037 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>6250 MIAMI LAKES DR<br>MIAMI LAKES FL 33014 | Mailing Address<br>6250 MIAMI LAKES DR<br>MIAMI LAKES FL 33014-2759 |
| NEW ADDRESS  |   |

|   |   |
|---|---|
| 2. Principal Place of Business<br>16291 N.W. 57th AVE.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>16291 N.W. 57th AVE.<br>Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |                                |  |
|---|--|--------------------------------|--|
| City & State<br>MIAMI LAKES, FL. 33014                    | City & State<br>MIAMI LAKES, FL. 33014 | 4. FEI Number<br>65-0571395    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33014  | Country<br>DADE                        | Zip<br>33014                   | Country<br>DADE  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

MELENDEZ, CARLOS  
 6250 MIAMI LAKES DR  
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name CARLOS MENDEZ (SAME, BUT DIFFERENT ADDR.)  
 Street Address (P.O. Box Numbers Not Acceptable)  
 16291 N.W. 57th AVE.  
 City MIAMI LAKES, FL Zip Code 33014

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 *Rev. [Signature]* DATE 2/9/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                             |  |                             |   |
|-----------------------------|--|-----------------------------|---|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|-----------------------------|---|

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MUNOZ, ERNESTO O         |                                 |
| STREET ADDRESS | 8856 NW 112 ST           |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33016 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MENDEZ, CARLOS           |                                 |
| STREET ADDRESS | 6250 MIAMI LAKES DR      |                                 |
| CITY-ST-ZIP    | MIAMI LAKES FL 33014     |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MENDEZ, ROSARIO          |                                 |
| STREET ADDRESS | 837 NW 114 ST            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33162           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MENDEZ, ELSIE            |                                 |
| STREET ADDRESS | 837 NW 114 ST            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33162           |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MRIANDA, ELENA V         |                                 |
| STREET ADDRESS | 8284 NW 192 TERR         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33015           |                                 |
| 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          |  | <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: *[Signature]* ERNESTO O. MUÑOZ - PRESIDENT FEB. 11 2000 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #597-5210

CR2E037 (9/99)