

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90361 045 ****61.25

DOCUMENT # N95000000846

1. Entity Name

IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.

Principal Place of Business

16291 NW 57 AVE
 MIAMI LAKES FL 33014

Mailing Address

16291 NW 57 AVE
 MIAMI LAKES FL 33014

2. Principal Place of Business

6250 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6250 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

MIAMI LAKES, FL.

4. FEI Number

65-0571395

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MELENDEZ, CARLOS
 16291 NW 57 AVE
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

REYNER CRUZ

Street Address (P.O. Box Number is Not Acceptable)
 6625 W. 4th AVE. #214

City

HIALEAH,

FL

Zip Code
 33012

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

REYNER CRUZ - PASTOR

FEB. 20 2001

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	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 checked="" type="checkbox"/> Delete
NAME	MELENDEZ, CARLOS	
STREET ADDRESS	6250 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, ROSARIO	
STREET ADDRESS	837 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, ELSIE	
STREET ADDRESS	837 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input checked="" 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	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTO O. MUÑOZ	
STREET ADDRESS	8856 N.W. 112 STREET	
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON BRITTO	
STREET ADDRESS	19354 N.W. 56 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO ULLOA	
STREET ADDRESS	5246 N.W. 192 LANE	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. REYNER CRUZ	
STREET ADDRESS	6625 W. 4th AVE. #214	
CITY-ST-ZIP	HIALEAH, FL. 33012	
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: ERNESTO O. MUNOZ, PRESIDENT/TREASURER

FEB. 20 2001 (305) 597-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 6-3030

CR2E037 (10/00)