

FILED
Jul 24, 2002 8:00 am
Secretary of State

05-08-2002 90148 020 ****61.25

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

DOCUMENT # N9500000846

1. Entity Name
IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.

DO NOT WRITE IN THIS SPACE

39566

2. Principal Place of Business
6250 MIAMI LAKES DRIVE
Suite, Apt. #, etc.

3. Mailing Address
6250 MIAMI LAKES DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FLORIDA

City & State
MIAMI LAKES, FLORIDA

Zip
33014

Country
MIAMI-DADE

Zip
33014

Country
MIAMI-DADE

4. FEI Number
65-0571395

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
REV. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP | P/T ERNESTO O. MUÑOZ 8856 N.W. 112 STREET HIALEAH GARDENS, FL. 33016 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MARIO ULLOA 5246 N.W. 192 LANE, MIAMI FL. 33055 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D REV. REYNER CRUZ 6625 W. 4th AVE. #214 HIALEAH, FL. 33012 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO O. MUÑOZ - PRESIDENT/TREASURER APRIL 15 2002 (305) 265-5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #