
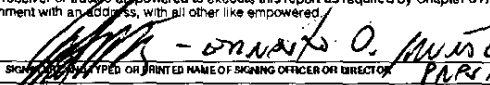


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 010 ****61.25

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

DOCUMENT # N95000000846			
1. Entity Name IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.			
Principal Place of Business 6250 MIAMI LAKES DR MIAMI LAKES, FL 33014 US		Mailing Address 6250 MIAMI LAKES DR MIAMI LAKES, FL 33014 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FET Number 65-0571395		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRUZ, REYNER 6625 W 4TH AVE #214 HIALEAH, FL 33012		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when returning)</small>			
FILE NOW - FEES \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, ERNESTO O	NAME	
STREET ADDRESS	8856 NW 112 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLOA, MARIO	NAME	
STREET ADDRESS	6248 NW 192 LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, REYNER REV	NAME	
STREET ADDRESS	6625 W 4TH AVE #214	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 4-13-03 Daytime Phone #: 305-265-5422	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ERNESTO O. MUNOZ		Title: PRESIDENT	

10077891



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)