

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90351 007 \*\*\*\*75.00

**DOCUMENT # N95000004017**

1. Entity Name

**IGLESIA BAUTISTA CAPERNAUN INC.**

Principal Place of Business

515 SW 12TH AVE  
 SUITE 503  
 MIAMI FL 33130  
 US

Mailing Address

5760 SOUTHWEST 40 COURT  
 MIAMI-FL 33023  
 US

2. Principal Place of Business

3. Mailing Address

5760 SW 40 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

4. FEI Number

65-0623516

Applied For

Not Applicable

Zip

Country

Zip

Country

33023

USA

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

SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET, 4TH FLOOR  
 MIAMI FL 33145

Name

MA

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, JOSUE 515 SOUTHWEST 12 AVENUE SUITE 503 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, JUANA A 515 SOUTHWEST 12 AVENUE SUITE 503 MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, ROMILIO 515 SOUTHWEST 12 AVENUE SUITE 503 MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D/V/T JOSE MARQUEZ 515 SW 12 AVE SUITE #503 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D JESSIE MARQUEZ 515 SW 12 AVE SUITE #503 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILMER LEYVA 515 SW 12 AVE SUITE #503 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DIGNA R. GRAUPERA 515 SW 12 AVE SUITE #503 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josue MARQUEZ 3/23/02

Date

Daytime Phone #

954-295-3601

CR2E037 (9/01)