

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

3/7

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-07-2003 90115 028 ****70.00

55020111

DOCUMENT # N95000004017

1. Entity Name

IGLESIA BAUTISTA CAPERNAUN, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
199 SW 12 AVE

3. Mailing Address -
199 SW 12 AVE

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0623516

Applied For
Not Applicable

Zip
33130

Country
MIAMI-DADE

Zip
33130

Country
MIAMI-DADE

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WILMER LEYVA

Street Address (P.O. Box Number is Not Acceptable)
2175 W 52 STREET

APT 114

City HIALEAH

FL

Zip Code
33016

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

Wilmer Leyva

WILMER LEYVA

2/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILMER LEYVA
2175 W 52 ST APT 114
HIALEAH, FL 33016
DT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DENIA M LEYVA
2175 W 52 ST APT 114
HIALEAH, FL 33016
DT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOSE MARQUEZ
709 SW 4 AVE APT 8
MIAMI, FL 33130
PLEASE delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARIO PEREZ
159 EAST 8 ST APT 1
HIALEAH, FL 33010
TT
TREASURER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Wilmer Leyva

WILMER LAYVA

305-820-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)