

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005914

1. Entity Name

LA IGLESIA BAUTISTA GRACE, INC.

Principal Place of Business

19505 SW 117CT
MIAMI FL 33177

Mailing Address

19505 SW 117CT
MIAMI FL 33177

2. Principal Place of Business

1930 S.W. 127 Ave

3. Mailing Address

19505 S.W. 117CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

7ma FL

City & State

MIAMI

Zip

33177

Country

USA

Zip

33177

Country

USA

4. FEI Number

65-0512044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWE, FRED H JR
19505 SW 117TH CT
MIAMI FL 33177

7. Name and Address of New Registered Agent

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.

SIGNATURE

FRED H. CROWE

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

(NOTE: Registered Agent signature required when reinstating)

Fred H. Crowe

DATE

4-11-01

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 DP
NAME CROWE, FRED H JR
STREET ADDRESS 19505 SW 117TH CT
CITY-ST-ZIP MIAMI FL 33177

Delete

TITLE DV
NAME GIRALDEZ, TOMAS
STREET ADDRESS 14520 SW 288TH ST
CITY-ST-ZIP LEISURE CITY FL 33033

Delete

TITLE DS
NAME ROJAS, VICTOR R
STREET ADDRESS 7595 SW 152 AVE #H406
CITY-ST-ZIP MIAMI FL 33193

Delete

TITLE VP
NAME LAZARD, VEGA
STREET ADDRESS 1066 SW 13 AVE
CITY-ST-ZIP HOMESTEAD FL 33035

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0043873

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90077 003 *****61.25



DO NOT WRITE IN THIS SPACE