

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003290

1. Entity Name

HIALEAH CALVARY HOLINESS CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

1195 NW 124 ST
N MIAMI FL 33168
US

1725 W 60TH ST
#F204
HIALEAH FL 33012
US

2. Principal Place of Business

7342 W 20th

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

Country

Zip

Country

33016

DoDe

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, MARIO ROLANDO
1725 W 60TH ST #F-204
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.

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
MARTINEZ, MARIO R
1725 W 60TH ST #F204
HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLORES, MARIA E
8186 NW 99 TERRACE
HIALEAH GARDENS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AQUINO, MANUEL
4480 PALM AVE #407
HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Mario R Martinez
MARTINEZ, MARIO R

2-5-02

305-824-9144

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90163 005 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/01)