

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90275 009 ****61.25

DOCUMENT # N96000004437

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE HOLLYWOOD IN

Principal Place of Business

**1701 S. MONROE ST.
HOLLYWOOD FL 33020**

Mailing Address

**1701 S. MONROE ST.
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0693215

Applied For

Not Applicable

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

**TABARES, DANIEL
6596 GRANT CT
HOLLYWOOD FL 33024**

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 **D** ☒ Delete
NAME **DIAZ, FIDEL**
STREET ADDRESS **1720 CLEVELAND ST., APT 212E**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ Change ☐ Addition
NAME **DANIEL TABARES**
STREET ADDRESS **28 MARION RD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **D** ☒ Delete
NAME **RONCERIA, GREGORIO**
STREET ADDRESS **1720 CLEVELAND ST., APT. 203-W**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☒ Change ☐ Addition
NAME **MARGARITA GUERRA**
STREET ADDRESS **2145 PIERCE ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **D** ☒ Delete
NAME **FLORES, AMANDA**
STREET ADDRESS **1720 CLEVELAND ST., APT. 203-W**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **T** ☒ Change ☐ Addition
NAME **MILVIA AGUILAR**
STREET ADDRESS **800 NE 193 ST. # 413**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **T** ☒ Delete
NAME **DIAZ, ENRIQUEZ**
STREET ADDRESS **2023 TAYLOR ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **T** ☒ Change ☐ Addition
NAME **MARTHA GONZALEZ**
STREET ADDRESS **16011 NW 40 CT**
CITY-ST-ZIP **OPALOCKA, FL 33054**

TITLE **T** ☒ Delete
NAME **AGUILAR, JOSE A**
STREET ADDRESS **10001 E. HARBOR DR., APT. M-9**
CITY-ST-ZIP **BAY HARBOR FL 33154**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

4-23-01 (954) 483-6579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)