

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90199 032 \*\*\*\*61.25

**DOCUMENT # N96000004437**

1. Entity Name

**PRIMERA IGLESIA BAUTISTA HISPANA DE HOLLYWOOD IN C.**



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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**DIRECTOR**

Street Address (P.O. Box Num)

**TABARES, DANIEL  
28 MARION RD  
HOLLYWOOD FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TABARES, DANIEL</b>	
STREET ADDRESS	<b>28 MARION RD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRA, MARGARITA</b>	
STREET ADDRESS	<b>2145 PIERCE ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>AGUILAR, MILVIA</b>	
STREET ADDRESS	<b>800 NE 195 STREET #413</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33179</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VARGAS, ANDREA A</b>	
STREET ADDRESS	<b>18801 COLLINS AVE APT 201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TABARES, DANIEL</b>	
STREET ADDRESS	<b>28 MARION RD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>VICE - D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERRA, MARGARITA</b>	
STREET ADDRESS	<b>2145 PIERCE ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>TESORERO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMADO AGRIPINO</b>	
STREET ADDRESS	<b>904 SW 7 TERRACE</b>	
CITY-ST-ZIP	<b>HALLABDALLE FL.33009</b>	
TITLE	<b>SECRETARIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARGAS PAULA ANDREA</b>	
STREET ADDRESS	<b>18801 COLLINS AVENUE APT. 201</b>	
CITY-ST-ZIP	<b>SUNNY ISLES BEACH FL. 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

CR2E037 (10/02)