

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90031 029 ****61.25

DOCUMENT # N96000004957

1. Entity Name

LAS PALMAS BAPTIST CHURCH, INC.

Principal Place of Business

**10470 TAFT STREET
 PEMBROKE PINES FL 33026**

Mailing Address

**P.O. BOX 848877
 PEMBROKE PINES FL 33084
 US**

2. Principal Place of Business

3. Mailing Address

10470 TAFT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0695623

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

USA

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

**BELTRAN, ALBERTO E
 9015 N.W. 10TH STREET
 PEMBROKE PINES 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **NEGRON, SAMUEL**
 CITY-ST-ZIP **1278 NW 192 TERRACE
 PEMBROKE PINES FL**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JOSE O. NUÑEZ**
 CITY-ST-ZIP **9110 NW 19 STREET
 PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RODRIGUEZ, ORLANDO**
 CITY-ST-ZIP **11537-NW 10 ST
 PEMBROKE PINES FL**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **WALTER R. SWAIM**
 CITY-ST-ZIP **18-24 12850 W. SR 84
 DAVIE, FL 33325**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MESA, DIANELA**
 CITY-ST-ZIP **1330 NW 129 STREET
 N MIAMI FL 33167**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VARGAS, MARTIN**
 CITY-ST-ZIP **3824 WILSON ST
 HOLLYWOOD FL 33021**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

934/450-5090

Date

Daytime Phone #

CR2E037 (10/00)