

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

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

03-12-2003 90110 009 \*\*\*\*61.25

**DOCUMENT # N96000005424**

1. Entity Name  
**IGLESIA BAUTISTA SILVER PALM, INC.**



Principal Place of Business  
**13155 S.W. 232 STREET  
GOULDS FL 33172  
US**

Mailing Address  
**10520 SW 141ST AVENUE  
MIAMI FL 33186-3178**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0719746**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARISTA, ABELARDO  
10520 SW 141ST AVENUE  
MIAMI FL 33186-3178**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>PD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ARISTA, ABELARDO</b>	<b>10520 SW 141ST AVENUE</b>	<b>MIAMI FL 33186-3178</b>						
	<b>VD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>POUZA, RICARDO</b>	<b>12436 SW 203 TERRACE</b>	<b>MIAMI FL 33177-5258</b>						
	<b>D</b>			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MACCARRONE, GUSTAVO A</b>	<b>14344 SW 145TH PLACE</b>	<b>MIAMI FL 33168</b>			<b>12260 SW 187th Terrace</b>	<b>Miami, FL 33177-0923</b>		
	<b>D</b>			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CRUZ, JESUS</b>	<b>15424 SW 123 AVENUE</b>	<b>MIAMI FL 33177</b>			<b>14820 Naranja Lakes Blvd. #2Q</b>	<b>Miami, FL 33032</b>		
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CARRILLO, DANIEL</b>	<b>14820 NARANJA LAKES BLVD, UNIT 2Q</b>	<b>HOMESTEAD FL 33032</b>						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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: Abelardo Arista, President

02-28-03

305-221-7754

CR2E037 (10/02)