

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002909**

1. Entity Name

IGLESIA EL SENOR ES MI ROCA, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90168 008 ****61.25

Principal Place of Business

**400 NW 128 STREET
NORTH MIAMI FL 33168**

Mailing Address

**400 NW 128 STREET
NORTH MIAMI FL 33168**

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

65-0756533

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELIZ, JORGE
400 NW 128 STREET
NORTH MIAMI FL 33168**

7. Name and Address of New Registered Agent

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 *X*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELIZ, JORGE	
STREET ADDRESS	400 NW 128 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BEROA, RAMOS	
STREET ADDRESS	400 NW 128 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DELIZ, DORIS	
STREET ADDRESS	400 NW 128 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernandez, Adán	
STREET ADDRESS	1251 N.E. 108 St., # 223	
CITY-ST-ZIP	Miami, FL	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Marysabel	
STREET ADDRESS	1740 N.W. 110 Terrace	
CITY-ST-ZIP	Miami, FL 33167	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramos, Bernardina	
STREET ADDRESS	7228 W. 29 Lane	
CITY-ST-ZIP	Hialeah, FL 33018	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deliz, Doris	
STREET ADDRESS	400 N.W. 128 St.	
CITY-ST-ZIP	N. Miami, FL 33168	

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: *X*

SIGNATURE REQUIRED

2-1-2001

Date

Daytime Phone #

CR2E037 (10/00)