2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am DOCUMENT # **N97000004537** 1. Entity Name **Secretary of State** PEACE UNITED METHODIST CHURCH HISPANIC, INC. 03-12-2002 90030 014 ****61.25 Principal Place of Business Mailing Address 12755 QUAIL ROOST DRIVE 12755 QUAIL ROOST DRIVE MIAMI FL 33177 MIAMI FL 33177 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0787050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Box Number is Not Acceptable) ANDRADE, JULIO C 12755 QUAIL ROOST DRIVE **MIAMI FL 33177** lia mi 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 (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Addition Change TITLE CD X Delete TITLE Andrade Venys ANDRADE, JULIO C NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 14354 SW 9TH TERR Miami, FL 33186 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition Delete TITLE TITLE MERCEDES ANDRADE NAME MATOS, CLARA NAME 14215 SW 92 81 STREET ADDRESS STREET ADDRESS 20430 SW 134TH AVE CITY-ST-ZIP EC 33186 CITY-ST-ZIP MIAMI FL 33177 Change ☐ Addition ☐ Delete TITLE TITLE ORTEGA, MARITZA JOSEFI NAME NAME STREET ADDRESS STREET ADDRESS 6520 SW 138TH COURT #605 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Delete ☐ Change ☐ Addition TITLE ALVAREZ, GIRALDO NAME NAME STREET ADDRESS 19736 SW 119TH PLACE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33177 CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip. 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.

FILED