

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90160 043 ****61.25

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DOCUMENT # N97000004565

1. Entity Name

SWEETWATER CONGREGATION OF JEHOVAH'S WITNESS, INC.



Principal Place of Business

**11699 W. FLAGLER ST.
MIAMI FL 33174**

Mailing Address

**11699 W. FLAGLER ST.
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0782150**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOLINA, EDUARDO I
110 SW 136 AVENUE
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name **LUIS JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)

11243 SW 33 CIRCLE PL

City **MIAMI**

FL Zip Code **33165**

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

4/24/03

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 **DP** ☒ Delete
NAME **MOLINA, EDUARDO**
STREET ADDRESS **110 SW 136 AVE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **DS** ☐ Delete
NAME **LUIS, JIMENEZ**
STREET ADDRESS **11243 SW 33 CIRCLE PL**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **DT** ☐ Delete
NAME **JORGE, GARCIA**
STREET ADDRESS **784 NW 135 CT**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **JIMENEZ, LUIS**
STREET ADDRESS **11243 SW 33 CIRCLE PL**
CITY-ST-ZIP **MIAMI, FL 33165**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

4/24/03

Date

Daytime Phone #

CR2E037 (10/02)