

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90048 029 ****70.00

DOCUMENT # N98000000737

1. Entity Name

IGLESIA BAUTISTA EL SHADAI, INC.

Principal Place of Business

Mailing Address

**11365 WEST FLAGLER STREET
MIAMI FL 33174**

**7 N.W. 109TH PLACE
MIAMI FL 33172**

2. Principal Place of Business

11357 West Flagler St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

4. FEI Number

65-0810857

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**MONTCRIFFE, OSCAR A JR
13471 N.W. 8TH ST
MIAMI FL 33182**

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 ~~RO~~
NAME ~~ROBAINAS, MOISES~~ ☒ Delete
STREET ADDRESS ~~11365 W. FLAGLER ST~~
CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE ~~PD~~
NAME ~~Leonardo Guerrero~~ ☒ Change ☐ Addition
STREET ADDRESS ~~10869 N.W. 7th St. Unit 13~~ **MIAMI FL 33172**
CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE ~~STD~~
NAME ~~MONTCRIFFE, OSCAR A JR~~ ☐ Delete
STREET ADDRESS ~~7 N.W. 109TH PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33172~~

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

TITLE ~~VD~~
NAME ~~LOPEZ, RAMIRO~~ ☐ Delete
STREET ADDRESS ~~13471 N.W. 8TH ST~~
CITY-ST-ZIP ~~MIAMI FL 33182~~

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

TITLE ~~Q~~
NAME ~~PEREZ, ALBERTO~~ ☒ Delete
STREET ADDRESS ~~14325 SW 142ND PLACE CIR~~
CITY-ST-ZIP ~~MIAMI FL 33186~~

TITLE ~~O~~
NAME ~~Andres Barria~~ ☒ Change ☐ Addition
STREET ADDRESS ~~12260 N.W. 7th Lane~~ **MIAMI FL 33182**
CITY-ST-ZIP ~~MIAMI FL 33182~~

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

02-13-02 786-229-1124

CR2E037 (9/01)