
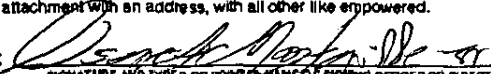


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55050855

DOCUMENT # N98000000737			
1. Entity Name IGLESIA BAUTISTA EL SHADAI, INC.			
Principal Place of Business 11357 WEST FLAGLEE ST MIAMI, FL 33174		Mailing Address 7 N.W. 109TH PLACE MIAMI, FL 33172	
2. Principal Place of Business 10869 NW 7th St Suite, Apt. #, etc. Unit # 13 City & State MIAMI, FL Zip 33172 Country USA		3. Mailing Address 10869 NW 7th St Suite, Apt. #, etc. Unit # 13 City & State MIAMI, FL Zip 33172 Country USA	
4. FEI Number 65-0810857		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTCRIFFE, OSCAR A JR 13471 N.W. 8TH ST MIAMI, FL 33182		7. Name and Address of New Registered Agent Name MONTCRIFFE, OSCAR A. JR Street Address (P.O. Box Number is Not Acceptable) 10869 NW 7th St Unit 13 City MIAMI FL Zip Code 33172	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent's signature required when necessary.)</small>	
FILE NOW! FEES \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	STD MONTCRIFFE, OSCAR A JR 7 N.W. 109TH PLACE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTCRIFFE, OSCAR A JR 10869 NW 7th St # Unit #13 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LOPEZ, RAMIRO 13471 N.W. 8TH ST MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERREDO, LEONARDO 10869 N.W. 7TH ST., UNIT #13 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIA, ANDRES 12260 N.W. 7 LANE MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		07-07-03 305-283-0436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CRPEC037 (10/02)

Attachment

[REDACTED]

55000855
#N98000000737

Miami, June 20, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: IGLESIA BAUTISTA EL SHADAI, INC
Doc Number N98000000737

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$61.25 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,



Oscar A. Montcriste Jr.
President
10869 NW 7th Street, Unit # 13
Miami, FL 33172