

# 2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # N98000006535

1. Entity Name  
IGLESIA CRISTIANA PIEDRAS VIVAS DE MIAMI, INC.

Principal Place of Business Mailing Address  
11740 SW 181 STREET 11740 SW 181 STREET  
MIAMI, FL 33177 MIAMI, FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, LIDIA  
15370 SW 47 STREET  
MIAMI, FL 33185

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

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  
After September 12, 2001, min. will be \$236.25

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 SD  
NAME RAMOS, ROBERTO  
STREET ADDRESS 14031 CYPRESS CT.  
CITY-ST-ZIP MIAMI 33 33014 ☐ Delete

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

TITLE TD  
NAME HIDALGO, EDUARDO  
STREET ADDRESS 11740 SW 181 STREET  
CITY-ST-ZIP MIAMI 33 33177 ☐ Delete

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

TITLE PD  
NAME ABOY, RAFAEL  
STREET ADDRESS 15289 SW 69 LANE  
CITY-ST-ZIP MIAMI 33 33193 ☐ Delete

TITLE PD  
NAME ABOY, RAFAEL  
STREET ADDRESS 15289 SW 69 LANE  
CITY-ST-ZIP MIAMI, 33 33193 ☐ Change ☒ Addition

TITLE PD  
NAME FILIPPETTI, LUIS  
STREET ADDRESS 944 W 81 PL  
CITY-ST-ZIP HIALEAH, FL 33 33014 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Eduardo Hidalgo*

EDUARDO HIDALGO 11/13/01 378-1820 (305)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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