

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90507 011 ****70.00

DOCUMENT # N98000007289

1. Entity Name

SEVENTH DAY ADVENTIST CHURCH OF BOCA RATON, INC.

Principal Place of Business

**9087 GLADES ROAD
 BOCA RATON FL 33434**

Mailing Address

**642 NW 13 ST. #37
 BOCA RATON FL 33486**

C0024190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0882067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MELENDEZ, OSVALDO
 642 NW 13 ST., #37
 BOCA RATON FL 33486**

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**

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** ☐ Delete
 NAME **LABRADOR, JULIO**
 STREET ADDRESS **1560 NW 5 ST**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE **PD** ☒ Delete
 NAME **IBRARA, DANIEL**
 STREET ADDRESS **11360 RPYAL PALM BLVD.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☐ Change ☒ Addition
 NAME **OSORIO, Douglas**
 STREET ADDRESS **1305 W. 26 Pl. Apt 103**
 CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **TD** ☐ Delete
 NAME **MELENDEZ, OSVALDO**
 STREET ADDRESS **642N W 13ST #37**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

Osvaldo Melendez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-01

Date

561-7502140

Daytime Phone #

CR2E037 (10/00)