

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # N99000001010

1. Entity Name

MIAMI DADE AREA SEVENTH-DAY ADVENTIST CHURCH REF

Principal Place of Business

Mailing Address

**2648 ATLANTIC AVE
OPA LOCKA FL 33054**

**2648 ATLANTIC AVE
OPA LOCKA FL 33054-4046**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-0706740

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

**OLMO, RIGOBERTO
2648 ATLANTIC AVE
OPA LOCKA FL 33054**

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

Rigoberto Olmo **Rigoberto Olmo** *Missionary Director*

4/27/00

Signature, typed or printed name of registered agent and fee 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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**D
OLMO, RIGOBERTO
2648 ATLANTIC AVE
OPA LOCKA FL 33054**

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**SD
MEJIA, AMADA I
2742 SW 5 ST
MIAMI FL 33155**

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**TD
ARGUETA, ELSA
1800 SW 9 ST
MIAMI FL 33135-5102**

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**SD
Elsa Tapia
1800 SW 9 ST
Miami FL 33135**

☒ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
NAME

STREET ADDRESS
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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

SP

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:

Rigoberto Olmo **Rigoberto Olmo** *Missionary Director* **4/27/00 305-687-7333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)