

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90167 007 ****70.00

DOCUMENT # N99000001010

1. Entity Name

MIAMI DADE AREA SEVENTH-DAY ADVENTIST CHURCH REF

Principal Place of Business

2648 ATLANTIC AVE
OPA LOCKA FL 33054

Mailing Address

2648 ATLANTIC AVE
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

OLMO, RIGOBERTO
2648 ATLANTIC AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

Peña Alejandro

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

528 SW 1st Apt. #2

City

Miami FL 33130

FL

Zip Code

33130

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

1/17/01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLMO, RIGOBERTO	
STREET ADDRESS	2648 ATLANTIC AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAPIA, ELSA	
STREET ADDRESS	1800 S.W. 9TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARGUETA, ELSA	
STREET ADDRESS	1800 SW 9 ST	
CITY-ST-ZIP	MIAMI FL 33135-5102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peña Alejandro	
STREET ADDRESS	528 SW 1st Apt. #2	
CITY-ST-ZIP	Miami FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tapia Elsa	
STREET ADDRESS	916 SW 18 AVE	
CITY-ST-ZIP	Miami FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rigoberto Olmo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

Daytime Phone #

305 687-7333

CR2E037 (10/00)