

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90143 022 ****61.25

DOCUMENT # N99000001010

1. Entity Name

**MIAMI DADE AREA SEVENTH-DAY ADVENTIST CHURCH REF
ORM MOVEMENT, INTERNATIONAL MISSIONARY SOCIETY,**



Principal Place of Business

**528 SW 1ST
#2
MIAMI FL 33130**

Mailing Address

**528 SW 1ST
#2
MIAMI FL 33130**

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

**ALEJANDRO, PENA
528 SW 1ST
#2
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

ALEJANDRO PEÑA

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

1800 S.W. 9 Street

City

MIAMI

FL

Zip Code

33135-5102

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ALEJANDRO, PENA**
STREET ADDRESS **528 SW 1ST #2**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **SD** ☐ Delete
NAME **TAPIA, ELSA**
STREET ADDRESS **1800 S.W. 9TH ST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SD** ☒ Change ☐ Addition
NAME **EVELYN HERNANDEZ**
STREET ADDRESS **1120 W 77ST #2**
CITY-ST-ZIP **HALEAH, FL. 33014**

TITLE **TD** ☐ Delete
NAME **ELSA, TAPIA**
STREET ADDRESS **916 SW 18 AVE**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: [Signature] SIGNATURE REQUIRED

1-23-2003

CR2E037 (10/02)