

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90126 044 \*\*\*\*70.00

**DOCUMENT # N99000003766**

1. Entity Name

**FIRST HISPANIC BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

~~2900 N.W. 91ST AVENUE~~  
~~MIAMI FL 33147~~

~~2900 N.W. 91ST AVENUE~~  
~~MIAMI FL 33147~~

2. Principal Place of Business

**3050 N.W. 87 TERR.**

3. Mailing Address

**3050 N.W. 87 TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL.**

City & State

**MIAMI FL.**

4. FEI Number

**65-1023742**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, RAUL M**

~~2900 N.W. 91ST STREET~~  
~~MIAMI FL 33147~~

7. Name and Address of New Registered Agent

Name **REV. RAUL M. CASTILLO**

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

**3050 N.W. 87 TERR.**

City **MIAMI**

**FL**

Zip Code **33147**

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

TITLE **PD** ☐ Delete  
 NAME **CASTILLO, RAUL M**  
 STREET ADDRESS **2900 N.W. 91ST ST**  
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **TD** ☐ Delete  
 NAME **BENCOMO, CARIDAD**  
 STREET ADDRESS **245 NW 25TH AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete  
 NAME **MUNOS, MANUELA**  
 STREET ADDRESS **6461 TAMiami CANAL RD**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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: **X Raul M. Castillo** 07-13-02 305-694-0434

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (9/01)