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

DOCUMENT # N9900005027

BENT TREE CONGREGATION OF JEHOVAH'S WITNESSES, I NC.



FILED

01-10-2003 90064 023 ****61.25

Jan 10, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 10790 S.W. 36TH STREET 10790 S.W. 36TH STREET MIAMI FL 33165 MIAM! FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0943725 Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALONSO, GUIDO J Street Address (P.O. Box Number is Not Acceptable) 4733 S.W. 135TH PLACE MIAMI FL 33175 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. I am familiar with, and accept 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ALONSO, GUIDO J (10/02)NAME ☐ Addition NAME STREET ADDRESS 4733 S.W. 135TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 **CR2E037** CITY-ST-ZIP TITLE ☐ Delete TITLE HANSSON, ANDERS ☐ Change ☐ Addition NAME NAME 6115 S.W. 48TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE Delete MARTINEZ, ROBERTO Change NAME ☐ Addition NAME 9100 SW 45TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

Ellowe UGUIDO J. ALONSO

1/7/03 (305) 553-7415