2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90316 029 ****61.25

DOCUMENT # 755422

712172

DO NOT WRITE IN THIS SPACE

1. Entity Name

IGLESIA METODISTA UNIDA-CORAL WAY-UNITED METHODI

Principal Place of Business	Mailing Address
7900 CORAL WAY MIAMI FL 33155	7900 CORAL WAY MIAMI FL 33155

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 65-0539490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, EUGENE
7900 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: ORTEGA, BYRON
Street Address (P.O. Box Number is Not Acceptable): 855 S.W. 29 ST.
City: MIAMI, FL., **FL** Zip Code: 33155

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, EUGENE 16150 NW 13ST HOLLYWOOD FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORTEGA, BYRON 855 S.W. 29 ST. MIAMI, FL., 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRES, EDDIE 10290 SW 146 AVE MIAMI, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARO ALICIA 15760 S.W. 148 TR. MIAMI, FL., 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NODAL, RAQUEL 7801 S W 33RD TERRACE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SENANDE, DELFIN 686 N.W. 124 AVE. MIAMI, FL, 33182	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T BARO, ALICIA 271 NW 64 AVE MIAMI, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VINALET, JOSEFA 7820 S.W. 33 TR. MIAMI, FL, 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATOR QUINONES , JOSE 11011 S.W. 88 ST. APT. F-210 MIAMI, FL, 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: /S/ JOSE QUINONES / ADMINISTRATOR 1/17/01 305 264-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #