

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90001 014 \*\*\*\*61.25

**DOCUMENT # 755422**

1. Entity Name

**IGLESIA METODISTA UNIDA-CORAL WAY-UNITED METHODIST CHURCH, INC.**

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

7. Name and Address of New Registered Agent

**ORTEGA, BYRON  
 855 SW 29 ST  
 MIAMI FL 33155**

Name

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

City

**FL**

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.

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 **PD** ☐ Delete  
 NAME **ORTEGA, BYRON**  
 STREET ADDRESS **855 SW 29 ST**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **VP** ☐ Delete  
 NAME **BARD, ALICIA**  
 STREET ADDRESS **15760 SW 148 TR**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **TD** ☐ Delete  
 NAME **SENADE, DELFIN**  
 STREET ADDRESS **686 NW 124 AVE**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **ST** ☐ Delete  
 NAME **VINALET, JOSEFA**  
 STREET ADDRESS **7820 SW 33 TR.**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **A** ☒ Delete  
 NAME **QUINONES, JOSE**  
 STREET ADDRESS **11011 SW 88 ST APT F 120**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **EDWARD TORRES**  
 CITY-ST-ZIP **10-435 SW129 CT MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Teresita ALZURI**  
 CITY-ST-ZIP **9545 SW 24th St B 225 MIAMI FL 33165**

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 REQUIRED**

*Delfin Senade D.*

CR2E037 (9/01)