

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756458

1. Entity Name

IGLESIA BAUTISTA ESTRELLA DE BELEN, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 014 ****61.25

Principal Place of Business

Mailing Address

510 E 41ST ST
 HIALEAH FL 33013

510 E 41ST ST
 HIALEAH FL 33013-2343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2346439

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAYVIS,MYRON J
821 SW 69TH COURT
MIAMI FL 33156

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	<input type="checkbox"/> Delete
NAME	SOTOLONGO, JAVIER	
STREET ADDRESS	9999 NW 129 TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MAGALY	
STREET ADDRESS	20441 NW 44TH COURT	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	USEDA JOSE	
STREET ADDRESS	7011 WEST 29 AVE #114	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOEL	
STREET ADDRESS	701 EAST 21 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORYS, RUBEN MD	
STREET ADDRESS	736 E 19 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, DAGOBERTO	
STREET ADDRESS	20441 NW 44TH COURT	
CITY-ST-ZIP	CAROL CITY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Javier Sotolongo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000 305-828-1068
 Date Daytime Phone #

CR2E037 (9/99)