

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2000 90182 035 ****61.25

DOCUMENT # N93000000831

1. Entity Name

IGLESIA MISIONERA MUNDIAL, INC.

Principal Place of Business

Mailing Address

217 E AZTEC AVE
 CLEWISTON FL 33440
 US

PO BOX 1867
 CLEWISTON FL 33440-1867
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0397182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, H. G
2014 4TH ST.
SARASOTA FL 34237

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 Delete
 NAME **PD RIVERA, RAUL**
 STREET ADDRESS **RT 1 BOX 31 A**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD PERERA, MIGUEL A**
 STREET ADDRESS **413 W CRESCENT DR**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD RIVERA, ANTONIO SR**
 STREET ADDRESS **400 W EL PASO**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD RIVERA, GENEL L**
 STREET ADDRESS **RT 1 BOX 31 A**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CERDA, BALTAZAR**
 STREET ADDRESS **TWIN LAKE TRAIL PARK LOT 72**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

(863) 983-9113

Daytime Phone #

CR2E037 (9/99)