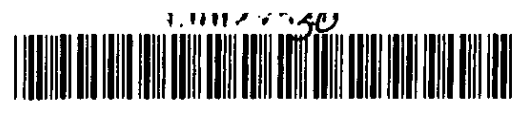


# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90098 021 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N99000000886**

1. Entity Name  
**IGLESIA DE DIOS EN BROWARD, INC.**

Principal Place of Business <b>8809 S.W. 49TH STREET COOPER CITY FL 33328</b>	Mailing Address <b>8809 S.W. 49TH STREET COOPER CITY FL 33328-3601</b>
2. Principal Place of Business <b>6095 Funston St.</b>	3. Mailing Address <b>P.O. Box 83-5811</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33023</b>	Country <b>USA</b>
Zip <b>33083</b>	Country <b>USA</b>

4. FEI Number  
**65-0963481**

Applied For	Not Applicable
-------------	----------------

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

<b>6. Name and Address of Current Registered Agent</b>  <b>MARTINEZ, PABLO G</b> <b>1015 W. HILLSBOROUGH AVE.</b> <b>TAMPA FL 33603</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Ana M. Vargas</b> Street Address (P.O. Box Number is Not Acceptable) <b>8809 S.W. 49TH Street</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33328</b>
---	--

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 *Ana M. Vargas* (Signature, typed or printed name of registered agent, and title if applicable.) DATE **1/31/00**

(NOTE: Registered Agent signature required when reinstating)

**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**

TITLE <b>D</b>	NAME <b>VARGOS, NORBERT</b>	STREET ADDRESS <b>8809 S.W. 49TH STREET</b>	CITY-ST-ZIP <b>COOPER CITY FL 33328</b>	<input type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>ALVAREZ, ANA</b>	STREET ADDRESS <b>6371 RODMAN ST.</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33024</b>	<input type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>VICTORIANO, FRANCISCA</b>	STREET ADDRESS <b>5661 WASHINGTON ST. APT. 2</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE <b>D</b>	NAME <b>Vargas, Norberto</b>	STREET ADDRESS <b>8809 S.W. 49TH Street</b>	CITY-ST-ZIP <b>Cooper City, FL 33328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>Vargas, Ana-M.</b>	STREET ADDRESS <b>8809 S.W. 49TH Street</b>	CITY-ST-ZIP <b>Cooper City, FL 33328</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>Martinez, Carmen</b>	STREET ADDRESS <b>241 N.W. 152 Avenue</b>	CITY-ST-ZIP <b>Pembroke Pine, FL 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

**SIGNATURE:** *SIGNATURE REQUIRED* DATE **1/31/00** (931)434-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CF12E037 (9/99)