

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716836

1. Entity Name

IGLESIA BAUTISTA GETSEMANI, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90038 042 \*\*\*\*61.25

Principal Place of Business 5298 N.W.7TH ST. MIAMI FLORIDA 33126	Mailing Address 5298 N.W.7TH ST. MIAMI FLORIDA 33126-3327
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State	4. FEI Number 59-2226611	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

ALVAREZ, MANUEL A.  
 13950 SW 16 TERR  
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: Ramón Rivero  
 Street Address (P.O. Box Number is Not Acceptable): 270 N.W 71 Ave #2  
 City: Miami, FL Zip Code: 33126

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: RAMÓN RIVERO DATE: 2/17/2000

Signature, typed or printed name of registered agent and title if applicable (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	D	<input type="checkbox"/> Delete
NAME	MOREIRA, A	
STREET ADDRESS	14200 SW 106 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANZA, LUIS	
STREET ADDRESS	8273 NW 7TH STREET	
CITY-ST-ZIP	MIAMI FLORIDA 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINA, ERNESTO	
STREET ADDRESS	500 NE 78TH STREET #9	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, J.R.	
STREET ADDRESS	282 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CELSO	
STREET ADDRESS	5298 N.W.7TH ST.	
CITY-ST-ZIP	MIAMI FLORIDA 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, JUAN	
STREET ADDRESS	8615 NW 85TH STREET #120	
CITY-ST-ZIP	MIAMI FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Odelfa Alfonso	
STREET ADDRESS	101 S.W 62 ct	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto Santana	
STREET ADDRESS	7250 S.W. 83 st # D-114	
CITY-ST-ZIP	Miami, FL	
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: RAMÓN RIVERO DATE: 2/17/2000 DAYTIME PHONE #: (305) 577 6311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)