

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/4/00-90048-019-\$61.25-\$61.25

DOCUMENT # **747625**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**IGLESIA DE JESUCRISTO EL BUEN SAMARITANO, INC.**

Principal Place of Business <b>10609 NW 7TH AVENUE MIAMI FL 33168 US</b>	Mailing Address <b>% REV. JUAN ALVARADO 1899 N.W. 93RD TER. MIAMI FL 33147-3149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1469 N. Magnolia Unit D</b> Suite, Apt. #, etc. <b>Ocala, Fl.</b> City & State	3. Mailing Address Suite, Apt. #, etc.  City & State
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Zip <b>33479</b>	Country	Zip	Country
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4. FEI Number <b>59-2953500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALVARADO, JUAN  
1899 N.W. 93RD STREET  
MIAMI FL 33147**

7. Name and Address of New Registered Agent  
Name  
**Gustavo Negron**  
Street Address (P.O. Box Number is Not Acceptable)  
**5485 NE. 11th Ave.**  
**Ocala Fl. 34479**  
City  
**FL** Zip Code  
**34479**

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 *Gustavo Negron*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
T NAME <b>ALVARADO, JUAN</b> STREET ADDRESS <b>1899 N.W. 93RD TERRACE</b> CITY-ST-ZIP <b>MIAMI FL 33147</b>	<input type="checkbox"/> Delete
T NAME <b>FIGUEROA, JOSE L</b> STREET ADDRESS <b>4220 S 66TH STREET</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> Delete
T NAME <b>OUENDO, MONICA</b> STREET ADDRESS <b>2270 N.W. 93RD TERRACE</b> CITY-ST-ZIP <b>MIAMI FL 33147</b>	<input type="checkbox"/> Delete
D NAME <b>FIGUEROA, ANA</b> STREET ADDRESS <b>4220 S 66TH STREET</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> Delete
D NAME <b>CONCEPCION, ALVARADO</b> STREET ADDRESS <b>1899 NW 93RD TERRACE</b> CITY-ST-ZIP <b>MIAMI FL</b>	<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 PD NAME <b>Gustavo Negron</b> STREET ADDRESS <b>5485 NE.11th Ave.</b> CITY-ST-ZIP <b>Ocala Fl.34479</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME <b>Maria Negron</b> STREET ADDRESS <b>5485 NE.11th Ave.</b> CITY-ST-ZIP <b>Ocala, Fl.34479</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME <b>Juan R. Alvarado</b> STREET ADDRESS <b>1899 NW.93rd Terrace</b> CITY-ST-ZIP <b>Miami, Fl. 33147</b>	<input checked="" type="checkbox"/> Change <input 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
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 1.19.07(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: *Gustavo Negron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **2/25/00**  
Daytime Phone # **KE**

CR2E037 (9/99)