

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90051 032 ****61.25

DOCUMENT # 753020

1. Entity Name

IGLESIA BAUTISTA HOREB, INC.

Principal Place of Business

Mailing Address

795 WEST 68TH STREET
 HIALEAH FL 33014-4814

795 WEST 68TH STREET
 HIALEAH FL 33014-4814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1963408

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

FERNANDEZ, OTTONIEL REV
6974 BOTTLE BRUSH DR
MIAMI LAKES FL 33014

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | FERNANDEZ, OTTONIEL (REV) | NAME | |
| STREET ADDRESS | 6974 BOTTLE BRUSH DR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | LOPEZ, YOLANDA | NAME | |
| STREET ADDRESS | 3831 WEST 2ND LANE | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33012 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | HERNANDEZ, JOSE | NAME | |
| STREET ADDRESS | 795 WEST 68TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | CITY-ST-ZIP | |
| TITLE | SC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | IGLESIAS, SILVIA | NAME | |
| STREET ADDRESS | 8005 WEST 6 AVE APT H | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | MATOS, SAMUEL | NAME | |
| STREET ADDRESS | 5800 WEST 18 LANE #101 | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33012 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Rev. Ottoniel Fernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/00