

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003234

1. Entity Name

IGLESIA BAUTISTA BETHEL DE PUERTO RICO, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 023 ****61.25

Principal Place of Business

6452 PEMBROKE ROAD
MIRAMAR FL 33023

Mailing Address

6452 PEMBROKE ROAD
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2651564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLEIDERLEIN, CARMEN A
6452 PEMBROKE ROAD
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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 CP ☐ Delete
NAME DE REYES, MARILUZ DONES
STREET ADDRESS CARRETERA 958 KM 3.6
CITY-ST-ZIP BARRIO CIENAGA ALTA RIO GRAN

TITLE S ☐ Delete
NAME MARTINEZ, LUZ M
STREET ADDRESS BOX 1366 CANOANAS
CITY-ST-ZIP PUERTO RICO

TITLE T ☐ Delete
NAME RODRIQUEZ, IRMA
STREET ADDRESS BOX 3120 CAROLINA
CITY-ST-ZIP P.R. 00984

TITLE SFM ☐ Delete
NAME KLEIDERLEIN, CARMEN A
STREET ADDRESS 5300 WASHINGTON ST. BLDG. O #130
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME CEDRES, CARLOS REYES
STREET ADDRESS P.O. BOX 1603
CITY-ST-ZIP CANOVANAS PR 00729

TITLE T ☐ Delete
NAME DE JESUS, ELISEO
STREET ADDRESS CALLE ANDALUCIA #123
CITY-ST-ZIP CAROLINA PR 00983

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Carmen A. Kleiderlein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-00 954-962-6590

Date

Daytime Phone #

CR2E037 (5/00)