

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90002 044 \*\*\*\*70.00

**DOCUMENT # N00000006104**

1. Entity Name

**IGLESIA BAUTISTA NUEVA VIDA, INC.**

Principal Place of Business

Mailing Address

**6000 W. COLONIAL DRIVE  
 ORLANDO FL 32808**

**9420 AZALEA RIDGE WAY  
 GOTHA FL 34734**

2. Principal Place of Business

3. Mailing Address

*6000 W. Colonial Dr.*

*Ivan Durand*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Orlando Fl.*

*9420 Azalea Ridge Way  
 Gotha Fl.*

4. FEI Number

**59-3727084**

Applied For

Not Applicable

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

**DURAND, IVAN  
 9420 AZALEA RIDGEWAY  
 GOTHA FL 34734**

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOLANO, JIMMY</b>	
STREET ADDRESS	<b>5430 CEDAR LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>OT</b>	<input type="checkbox"/> Delete
NAME	<b>MALDOMADO, MANNY</b>	
STREET ADDRESS	<b>4878 CYPRESS WOODS DR # 325</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DURAND, IVAN</b>	
STREET ADDRESS	<b>9420 AZALEA RIDGEWAY</b>	
CITY-ST-ZIP	<b>GOTHA FL 34734</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**

*Jan 11/002* (407) 522-0919  
 Date Daytime Phone #

CR2E037 (9/01)