

# **03 UNIFORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # **N 35201**

1. Entity Name  
**IGLESIA BUENAS NUEVAS  
 ASAMBLEAS DE DIOS, INC.**

Principal Place of Business Mailing Address  
**6491 WEST 2 AVENUE  
 HIALEAH, FL 33012**

2. Principal Place of Business 3. Mailing Address  
**1333 W. 42 ST.**

Suite, Apt. #, etc. City & State Zip Country  
**HIALEAH 33012 USA**

FILED  
 03 JAN 21 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DO NOT WRITE IN THIS SPACE  
 02-03

6. Name and Address of Current Registered Agent  
**REV. DANIEL A. HERNANDEZ  
 1333 WEST 42 ST.  
 HIALEAH, FL 33012**

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]** 1/14/03  
 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 \$5.00 May Be  
 Trust Fund Contribution. ☐ Added to Fees

Make Check Payable to:  
 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD                      HERNANDEZ, DANIEL A. REV                      1333 W. 42 ST.                      HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ND                      HERNANDEZ, SUSANA                      1333 W. 42 ST.                      HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD                      BASULTO, GEORGE                      11646 NW 90 AVE                      HIALEAH, FL 33018</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S                      DOMINGUEZ ELIZABETH                      1083 W. 37 ST.                      HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200010704482                      01/24/03--01098--008 **131.25</b>
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
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 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]** 1/14/03 (305) 819-7822  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

175-03 Attachment#  
UBS201

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Note:

We Did not sent  
The money before because  
We moved to other place.  
The last UBR we  
never received last year.

Thank You  
Pastor David HS