

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90052 030 ****61.25

DOCUMENT # N41449

1. Entity Name

IGLESIA BAUTISTA LIBRE RENACER, INC.

Principal Place of Business

Mailing Address

349 SW 12ST
 MIAMI FL 33130
 US

349 S.W. 12TH STREET
 MIAMI FL 33130-3917
 US

00010111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0189834

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RODRIGUEZ, JOSE L
30 NW 87 AVE #C-105
MIAMIA FL 33172

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

TITLE Delete
 NAME **PD RODRIGUEZ, JOSE L**
 STREET ADDRESS **1751 S.W. 21 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Delete
 NAME **TD RODRIGUEZ, MADAY**
 STREET ADDRESS **30 N W 87TH AVENUE C-105**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Delete
 NAME **CD ALFARO, PEDRO M**
 STREET ADDRESS **11400 S W 196TH STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Delete
 NAME **SD ALFARO, MARIA L**
 STREET ADDRESS **8331 S W 19TH STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TD Vestia, Noemi**
 STREET ADDRESS **8185 NW 8ST F-6**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Jose L Rodriguez* **RODRIGUEZ, JOSE L** **PASTOR**

020800 (305)858-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #