

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90173 049 \*\*\*\*61.25

**DOCUMENT # N48215**

1. Entity Name

**IGLESIA BAUTISTA NUEVO AMANECER, INC. MIAMI, FLO**

Principal Place of Business

Mailing Address

18295 NW 68TH AVE  
 MIAMI FL 33015

6601 N.W. 167TH STREET  
 18295 NW 68TH AVE  
 MIAMI FL 33015-3404

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

**65-0339144**

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

**CARDOSA, DOMINGO**  
**6882 NW 173RD DRIVE**  
**APT 807**  
**MIAMI FL 33015**

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	T	<input type="checkbox"/> Delete
NAME	RIVERO, RUDY	
STREET ADDRESS	8320 NW 177TH STREET	
CITY-ST-ZIP	PALMS SPRINGS NORTH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBERO, JOSE	
STREET ADDRESS	19330 NW 56TH PL.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	T D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OCTAVIO	
STREET ADDRESS	3214 W 70TH TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYAN, RENE	
STREET ADDRESS	4471 N.W. 170 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTTANEZ, PETER	
STREET ADDRESS	7400 TWIN SABAL DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARDOSO, DOMINGO	
STREET ADDRESS	6882 N.W. 173RD DRIVE, APT 807	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)