

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90330 022 ****61.25

DOCUMENT # N48215

1. Entity Name

IGLESIA BAUTISTA NUEVO AMANECER, INC. MIAMI, FLO

Principal Place of Business

**18295 NW 68TH AVE
 MIAMI FL 33015**

Mailing Address

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

2. Principal Place of Business

17200 NW 87 AVE

3. Mailing Address

17200 NW 87 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0339144

Applied For

Not Applicable

Zip

Country

33015 U.S.A.

Zip

Country

33015 U.S.A.

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

[Handwritten 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

T
 NAME **RIVERO, RUDY** Delete
 STREET ADDRESS **8320 NW 177TH STREET**
 CITY-ST-ZIP **PALMS SPRINGS NORTH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 NAME **BARBERO, JOSE** Delete
 STREET ADDRESS **19330 NW 56TH PL**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 NAME **RODRIGUEZ, OCTAVIO** Delete
 STREET ADDRESS **3214 W 70TH TERRACE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 NAME **BRYAN, RENE** Delete
 STREET ADDRESS **4471 N.W. 170 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 NAME **MONTTANEZ, PETER** Delete
 STREET ADDRESS **7400 TWIN SABAL DRIVE**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
 NAME **CARDOSO, DOMINGO** Delete
 STREET ADDRESS **6882 N.W. 173RD DRIVE, APT 807**
 CITY-ST-ZIP **MIAMI FL**

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: *[Handwritten Signature]* **2/1/01 (305) 556-5400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)