

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005178

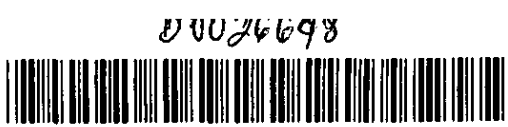
1. Entity Name

IGLESIA EVANGELICA PENTECOSTAL FUENTES DE AGUA *viva*

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**  
 03-01-2000 90014 003 \*\*\*\*61.25

Principal Place of Business      Mailing Address

9060 SW 56 STREET      15479 SW 86 TERR  
 MIAMI FL 33187      MIAMI FL 33193-1206  
 US      US



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      Applied For

65-0449332      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATISTA, LUIS EMCLIO  
 831 S.E. 8TH STREET  
 MIAMI FL 33010

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, 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          | PD                            | <input type="checkbox"/> Delete |
| NAME           | BATISTA, DOLORES              |                                 |
| STREET ADDRESS | 15479 SOUTHWEST 86 TERRACE    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33193                |                                 |
| TITLE          | SD                            | <input type="checkbox"/> Delete |
| NAME           | SAN MIGUEL, ESTRELLA          |                                 |
| STREET ADDRESS | 2240 S.W. 67TH AVENUE, APT. 1 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155                |                                 |
| TITLE          | VD                            | <input type="checkbox"/> Delete |
| NAME           | BATISTA, EMILIO L             |                                 |
| STREET ADDRESS | 831 SE 8 ST                   |                                 |
| CITY-ST-ZIP    | HAIALEAH FL 33010             |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | San Miguel Estrella   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 2240 SW 67 ave apt #1 |  |
| STREET ADDRESS | MIAMI FL 33155        |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| 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 Dolores Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)