

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004513

1. Entity Name

IGLESIA MISIONERA DEL ESPIRITU SANTO CATOLICA Y

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90005 039 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 C/O EDUARDO DANIEL VIVAS. PRESIDENT P O BOX 126986  
 1370 W. 29TH ST. HIALEAH FL 33012-1616  
 HIALEAH FL 33012 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 6937 NW 173rd Drive Suite, Apt. #, etc.  
 Apt # 107 Suite, Apt. #, etc.  
 City & State City & State  
 MIAMI, FL  
 Zip Country Zip Country  
 33015 USA

4. FEI Number 65-0519466 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

VIVAS, EDUARDO D  
 1370 W. 29 STREET  
 APT. 3  
 HIALEAH FL 33012

## 7. Name and Address of New Registered Agent

Name VIVAS, EDUARDO D  
 Street Address (P.O. Box Number is Not Acceptable)  
 6937 N.W. 173rd Drive- Apt #107  
 City MIAMI FL Zip Code 33015

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 Eduardo VIVAS 04/20/00  
 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 Added to Fees  
 Trust Fund Contribution.

Make Check Payable to  
 Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIVAS, EDUARDO D	
STREET ADDRESS	1370 W. 29TH STREET, APT. 3	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVILA, CESAR M	
STREET ADDRESS	1370 W. 29TH STREET, APT. 3	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIVAS, MABEL A	
STREET ADDRESS	1370 W. 29TH STREET, APT. 3	
CITY-ST-ZIP	HIALEAH FL 33012	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, EDUARDO D.	
STREET ADDRESS	6937 NW 173rd Drive-Apt. # 107	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILA, CESAR M.	
STREET ADDRESS	6937 NW 173rd Drive - Apt. # 107	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, MABEL A.	
STREET ADDRESS	6937 N.W. 173rd Drive- Apt # 107	
CITY-ST-ZIP	MIAMI, FL 33015	
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: Eduardo VIVAS 4/20/00 305-698-9956  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)