

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90068 025 \*\*\*\*61.25

**DOCUMENT # N95000001048**  
 1. Entity Name  
**IGLESIA BAUTISTA MANANTIAL DE VIDA INC.**

Principal Place of Business	Mailing Address
FIRST BAPTIST CHURCH OF PERRINE 8900 SW 168 ST MIAMI FL 33157 US	13006 S.W. 51 STREET MIAMI FL 33175-5318



DO NOT WRITE IN THIS SPACE

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
<b>65-0547843</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARMENTEROS, CARLOS**  
 13006 S.W. 51 STREET  
 MIAMI FL 33175

**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 \_\_\_\_\_ (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	DP	<input type="checkbox"/> Delete
NAME	ARMENTEROS, CARLOS	
STREET ADDRESS	13006 S.W. 51 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ANDRIANA CARDONA	
STREET ADDRESS	8420 SW 133 AVE BLDG 2 #311	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRUZ, HILDA	
STREET ADDRESS	15424 S.W. 123 AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVALES, ILEANA	
STREET ADDRESS	13045 SW 68TH ST APT 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, JUANA M	
STREET ADDRESS	8275 S.W. 152 AVENUE, APT. 109	
CITY-ST-ZIP	MIAMI FL 33193	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa Perez	
STREET ADDRESS	16803 S.W. 87 AVE.	
CITY-ST-ZIP	Miami, Fl. 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4140 S.W. 101 Ave.	
CITY-ST-ZIP	Miami, Fl. 33165	
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]* **DATE:** 2-21-00 **DAYTIME PHONE #:** (305) 258-1764

CR2E037 (9/99)