

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90008 016 \*\*\*\*61.25

**DOCUMENT # N95000001853**

1. Entity Name  
**IGLESIA BIBLICA BUENAS NUEVAS, INC.**

Principal Place of Business: **3615 GULL RD. PALM BEACH GARDENS FL 33410**

Mailing Address: **3615 GULL RD. PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **934 32nd STREET**

3. Mailing Address: **934 32nd STREET**

City & State: **WEST PALM BEACH FL**

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Zip: **33407** Country: **USA**

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4. FEI Number: **65-0579522**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**VANRYN, WILLIAM E**  
**3615 GULL RD.**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name: **CRISTOBAL VELASQUEZ**

Address: **934 32nd STREET**

City: **WEST PALM BEACH FL** Zip Code: **33407**

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: \_\_\_\_\_ DATE: **12 SEPT, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 NAME: TAYLOR, IAN S STREET ADDRESS: 3140 90TH STREET CITY-ST-ZIP: KENOSHA WI 53142	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: RAMOS, VICTOR STREET ADDRESS: 919 N "F" ST CITY-ST-ZIP: LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: VANRYN, WILLIAM E STREET ADDRESS: 3615 GULL RD. CITY-ST-ZIP: PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: LUCAS, CESAR STREET ADDRESS: 4900 CLOCK RD CITY-ST-ZIP: LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: VELASQUEZ, CRISTOBAL STREET ADDRESS: 934 32nd STREET CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT NAME: GOMEZ, ISRAEL VICENTE STREET ADDRESS: 2607 OSWEGO AVENUE CITY-ST-ZIP: WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY NAME: CARRANZA-BAHENA, EVARISTO STREET ADDRESS: 309 SOUTH K STREET CITY-ST-ZIP: LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREASURER NAME: LUCAS, CESAR STREET ADDRESS: 8300 SOUTH 93RD LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CRISTOBAL VELASQUEZ** DATE: **12 SEPT 2000** DAYTIME PHONE: **561-313-2780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)