

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001853

1. Entity Name

IGLESIA BIBLICA BUENAS NUEVAS, INC.

Principal Place of Business

934 32ND STREET  
WEST PALM BEACH FL 33407

Mailing Address

934 32ND STREET  
SUITE B  
WEST PALM BEACH FL 33407

934 32ND Street

2. Principal Place of Business

3. Mailing Address

934 32ND Street

Suite, Apt. #, etc.

APT B

City & State

West Palm Beach FL

Zip

33407

Country

U.S.A.

City & State

West Palm Beach FL

Zip

33407

Country

U.S.A.

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90002 037 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

VELASQUEZ, CRISTOBAL

934 32ND STREET

APT B

WEST PALM BEACH FL 33407

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME VELOSQUEZ, CHRISTOBAL  
STREET ADDRESS 934 32ND ST APT B  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GOMEZ, ISRAEL  
STREET ADDRESS 9607 OSWEGO AVE  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CARRANZA, EBAVISTO  
STREET ADDRESS 309 SK STREET  
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME LUCAS, CESAR  
STREET ADDRESS 4900 CLOCK RD  
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cristobal Velasquez 02-17-02

561-3192780

CR2E037 (9/01)