

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002442**

1. Entity Name

IGLESIA BAUTISTA DE SUNRISE, INC.**FILED****Feb 20, 2000 8:00 am**
Secretary of State

02-20-2000 90011 009 ****61.25

Principal Place of Business

Mailing Address

**6401 SUNSET STRIP
SUNRISE FL 33313****6401 SUNSET STRIP
SUNRISE FL 33313-2856**

HVV100JG



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0580283

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ACEVEDO, MANUEL
9440 NW 33RD MANOR
SUNRISE FL 33351**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	ACEVEDO, JUANITA	9440 NW 33 MANOR	SUNRISE FL 33351	<input type="checkbox"/>
VD	RIOS, PETRA	8100 SW 13 CORT N	FORT LAUDERDALE FL 33313	<input type="checkbox"/>
SD	VAZQUEZ, MARIA CRISTINA	9561 NW 33 MANOR	SUNRISE FL 33351	<input type="checkbox"/>
PT	ACEVEDO, MANUEL	9440 N.W. 33RD MANOR	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)