

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90001 046 ****61.25

DOCUMENT # N95000002442

1. Entity Name
IGLESIA BAUTISTA DE SUNRISE, INC.

Principal Place of Business 6401 SUNSET STRIP SUNRISE FL 33313	Mailing Address 6401 SUNSET STRIP SUNRISE FL 33313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 500 NW 141 Ave Suite, Apt. #, etc. # 111 City & State Pembroke Pines, FL Zip 33028	Country USA
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4. FEI Number 56-0580283	Applied For <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
ACEVEDO, MANUEL
9440 NW 33RD MANOR
SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name **Armando Vazquez**
 Street Address (P.O. Box Number is Not Acceptable)
500 NW 141 Ave # 111
 City **Pembroke Pines FL** Zip Code **33028**

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 **Armando Vazquez** (NOTE: Registered Agent signature required when reinstating)
 DATE **2-1-01**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACEVEDO, JUANITA 9440 NW 33 MANOR SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIOS, PETRA 8100 SW 13 CORT N FORT LAUDERDALE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, MARIA CRISTINA 9561 NW 33 MANOR SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ACEVEDO, MANUEL 9440 N.W. 33RD MANOR SUNRISE FL 33351	<input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	TD DALIA GONZALEZ 2590 NW 81 TERRACE SUNRISE, FL 33313	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC ARMANDO VAZQUEZ 500 NW 141 Ave # 111 PEMBROKE PINES, FL 33028	<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: **ARMANDO VAZQUEZ** (Signature and Typed Name of Signing Officer or Director)
 Date **2-1-01** Daytime Phone # **954-443-3808**

CR2E037 (10/00)