

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N95000005349

1. Entity Name

IGLESIA BAUTISTA INTERNACIONAL DE KISSIMMEE INC.

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

02-01-2000 90072 049 \*\*\*\*61.25

Principal Place of Business      Mailing Address -  
 1990 NEPTUNE ROAD      4743 MESA VERDE DR.  
 KISSIMMEE FL 34744      ST. CLOUD FL 34769-1626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3452227

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

REYES, OMAR REV.  
 4743 MESA VERDE DRIVE  
 ST. CLOUD FL 34769

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

TITLE PD  
 NAME REYES, OMAR  
 STREET ADDRESS 4743 MESA VERDE DR.  
 CITY-ST-ZIP ST. CLOUD FL 34769 ☐ Delete

TITLE TD  
 NAME CABRERA, JUAN  
 STREET ADDRESS 3975 HICKORY TREE CR.  
 CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE T  
 NAME PEREZ, RAMON  
 STREET ADDRESS 18 UNIVERSAL DR.  
 CITY-ST-ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD  
 NAME Ms Maria del Valle  
 STREET ADDRESS 2857 Falling Tree Rd.  
 CITY-ST-ZIP Orlando, FL 32837 ☒ Change ☐ Addition

TITLE MD  
 NAME Mr Angel Zayas  
 STREET ADDRESS 106 Crescent Ct.  
 CITY-ST-ZIP Kissimmee, FL 34758 ☒ Change ☐ Addition

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

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

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* REYES  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2000 (407) 891-0445  
 Date Daytime Phone #