

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000892

1. Entity Name

FORT LAUDERDALE SPANISH CHURCH OF THE NAZARENE,

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90020 020 ****70.00

Principal Place of Business

Mailing Address

2300 SW 15 AVE.
FT. LAUDERDALE FL 33315

2300 SW 15 AVE.
FT. LAUDERDALE FL 33315-1804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633501

☒ 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

ROLDAN, JOSE
2300 SW 15 AVE.
FT. LAUDERDALE FL 33315

Name **OSMAN CANIZALES**

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

7961 N.W. 16 ST.

City **PEMBROK PINES FL** Zip Code **33024**

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/00

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 **D** ☒ Delete
NAME **ROLDAN, JOSE**
STREET ADDRESS **6204 MAYO ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ Change ☒ Addition
NAME **LEONARDO ROMERO**
STREET ADDRESS **3320 IVY WAY**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ Delete
NAME **ROMERO, IVY R**
STREET ADDRESS **3320 IVY WAY**
CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **D** ☐ Delete
NAME **DIAZ, BETHSAIDA**
STREET ADDRESS **6520 GARFIELD ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **D** ☐ Delete
NAME **LANDINO, EDUARDO**
STREET ADDRESS **6405 MEADE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **D** ☐ Delete
NAME **FIGUEROA, RENE**
STREET ADDRESS **1532 SE 28TH TERRACE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

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

TITLE **D** ☐ Delete
NAME **CANIZALES, OSMAN**
STREET ADDRESS **1155 NE 181TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 33162**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-00 (954) 438-9888

Date

Daytime Phone #

CR2E037 (9/99)