

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004437

1. Entity Name

PRIMERA IGLESIA BAUTISTA HISPANA DE HOLLYWOOD IN

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90107 019 \*\*\*\*61.25

Principal Place of Business 1701 S. MONROE ST. HOLLYWOOD FL 33020	Mailing Address 1701 S. MONROE ST. HOLLYWOOD FL 33020-5538
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip	City & State Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0693215</b>		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  DIAZ, FIDEL 1720 CLEVELAND ST., APT 212-E HOLLYWOOD FL 33020		
7. Name and Address of New Registered Agent Name DANIEL TABARES Street Address (P.O. Box Number is Not Acceptable) 6596 Grant Ct. City Hollywood 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, 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	D DIAZ, FIDEL 1720 CLEVELAND ST., APT 212E HOLLYWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev. Daniel Tabares. a6596 Grant Ct. Hollywood, FL 33024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCERIA, GREGORIO 1720 CLEVELAND ST., APT. 203-W HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev. Fidel Diaz 1701 South. Monroe St. Hollywood, FL 33020. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, AMANDA 1720 CLEVELAND ST., APT. 203-W HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amanda Florez 1720 Cleveland St. Apt 203W Hollywood, FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, ENRIQUEZ 2023 TAYLOR ST. HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Milvia Aguilar 10001 E. Harbor Dr. Apt 9M Bay Harbor Island, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILAR, JOSE A 10001 E. HARBOR DR., APT. M-9 BAY HARBOR FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Margarita Guerra 1720 Cleveland St. Apt. 105W Hollywood, FL 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone

CR2E037 (9/99)