

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001436

1. Entity Name

MINISTERIO RIOS DE AGUA VIVA, INC.

Principal Place of Business

2706 NASSAU ROAD
WEST PALM BEACH FL 33406

Mailing Address

2706 NASSAU ROAD
WEST PALM BEACH FL 33406-7774

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0645893

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAENZ, CELSO
2706 NASSAU ROAD
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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

T ☒ Delete
NAME MARTI, LUIS
STREET ADDRESS 1405 N "A" STREET
CITY-ST-ZIP LAKE WORTH FL 33460

ST ☐ Delete
NAME ZENTKOUICH, DIANA
STREET ADDRESS 1898 PRAIRE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33406

PD ☐ Delete
NAME SAENZ, CELSO
STREET ADDRESS 2706 NASSAU RD
CITY-ST-ZIP WEST PALM BEACH FL 33406

T ☒ Delete
NAME UORENS, JUAN R
STREET ADDRESS 1528 NORTH D STREET
CITY-ST-ZIP LAKE WORTH FL 33460

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition
NAME MIRTHA PINO
STREET ADDRESS 2635 MYRICA ROAD (TREASURER)
CITY-ST-ZIP WEST Palm Beach FL 33406

☐ Change ☒ Addition
NAME CHAIRMAN
STREET ADDRESS REBECA MOLINA
CITY-ST-ZIP 1601 18th avenue North
LAKE WORTH, FLA 33460

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

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

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

☐ 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:

Celso Saenz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 (561)963-9777

CR20037 (9/99)