

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001636

1. Entity Name

IGLESIA BAUTISTA HISPANA DE MANDARIN, INC.

Principal Place of Business

1600 ASHLAND ST  
JACKSONVILLE FL 32207

Mailing Address

1600 ASHLAND ST  
JACKSONVILLE FL 32207-5435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3436670

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

BLANCO, ISMAEL  
12214 ALADDIN ROAD  
JACKSONVILLE FL 32223

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME BLANCO, ISMAEL  
STREET ADDRESS 12214 ALADDIN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete  
NAME RODRIGUEZ, JORGE  
STREET ADDRESS 4671 MEADOW RUN PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE D ☐ Delete  
NAME MELO, JOSE  
STREET ADDRESS 2860 SUTTON EAST CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE D ☐ Delete  
NAME OSORIO, LUIS  
STREET ADDRESS 1750 SHERIDAN ST  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90147 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/26/00 (904)398-0052