

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90418 045 ****61.25

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**

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

**BLANCO, ISMAEL
 12214 ALADDIN ROAD
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **BAEZ, Octavio**

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

13453 SOLEDAD CT.

City **JACKSONVILLE**

FL

Zip Code

32224

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]

OCTAVIO BAEZ - TRUSTEE

4/22/01

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TRUSTEE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TRUSTEE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TRUSTEE** ☐ Change ☒ Addition
 NAME **ESQUEDA, DAVID**
 STREET ADDRESS **4563 CRYSTAL BROOK WAY**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32224**

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

[Signature] **- TRUSTEE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 (904) 398-0052
 Date Daytime Phone #

001144

CR2E037 (10/00)