

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001672

1. Entity Name

IGLESIA BAUTISTA HISPANA EL CONVENIO, INC.

Principal Place of Business

490 SEVILLE STREET
STUART FL 34994

Mailing Address

P.O. BOX 6126
STUART FL 34997-0126
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ALICEA, ANGEL L PASTOR
2349 S.E. MADISON STREET
STUART FL 34997

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

Angel L. Alceia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2000

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 ☐ Delete

NAME ALICEA, ANGEL L
STREET ADDRESS 2349 S.E. MADISON STREET
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete

NAME OSORIO, ORLANDO
STREET ADDRESS 8814 LUCAYA LANE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete

NAME VASQUEZ, JUAN A
STREET ADDRESS 3493 S.E. COBIA WAY
CITY-ST-ZIP STUART FL 34997

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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

Angel L. Alceia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2000

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90095 024 ****66.25



DO NOT WRITE IN THIS SPACE