

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

0066363

DOCUMENT # N97000001672

1. Entity Name

IGLESIA BAUTISTA HISPANA EL CONVENIO, INC.

02-16-2001 90011 023 ****61.25

Principal Place of Business

Mailing Address

490 SEVILLA STREET
 STUART FL 34994

P.O. BOX 6126
 STUART FL 34997
 US

2. Principal Place of Business

To Be H.E.I. CONVENIO

3. Mailing Address

Suite, Apt. #, etc.

2880 Se Aster Ln.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

Zip

34994

Country

MARTIN

Zip

Country

4. FEI Number

65-0744178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 **Alicea Angel L. Pastor**

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

1723 S.E. LAFAYETTE ST.

City **STUART**

FL

Zip Code

34997

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

TITLE **T** ☐ Delete
 NAME **ALICEA, ANGEL L**
 STREET ADDRESS **2349 S.E. MADISON STREET**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **T** ☐ Delete
 NAME **OSORIO, ORLANDO**
 STREET ADDRESS **8814 LUCAYA LANE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **T** ☐ 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 **Pastor** ☒ Change ☐ Addition
 NAME **Alicea, Angel L.**
 STREET ADDRESS **1723 S.E. LAFAYETTE ST**
 CITY-ST-ZIP **STUART FL, 34997**

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

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

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

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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)