

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90109 008 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000002312

1. Entity Name
IGLESIA CASA DE LIBERACION, INC.

Principal Place of Business Mailing Address
2330 N.E. 2ND AVENUE **2330 N.E. 2ND AVENUE**
MIAMI FL 33137 **MIAMI FL 33137-4808**

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 Applied For
65-0843204 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

CASTANE, PEDRO Name **Clemente Orlando Oviedo**
7615 N.W. 2ND AVE. Street Address (P.O. Box Number is Not Acceptable) **8318 NW 7th St. #90**
APT. #417 City **Miami** **FL** Zip Code **33126**
MIAMI FL 33150

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 *Clemente O. Oviedo* Clemente Orlando Oviedo 01-22-00
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Oviedo 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 NAME STREET ADDRESS CITY-ST-ZIP	D CASTANE, PEDRO 7615 NW 2ND AVENUE MIAMI FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Clemente Orlando Oviedo 8318 NW 7th Street #90 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANE, EUSEBIA 7615 NW 2ND AVENUE MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ABAD 715 NW 116 TERRACE MIAMI FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Evelyn Oviedo 8318 NW 7th Street #90 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, ANGELICA S 1465 NW 19 TERRACE #205 MIAMI FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGOS, FRANCISCO 545 NW 129 STREET MIAMI FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Evelyn Oviedo* Evelyn Oviedo 01-22-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)