

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003161

1. Entity Name

IGLESIA DE DIOS "FUENTE INAGOTABLE", INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90106 003 ****61.25

Principal Place of Business

6240 FUNSTON ST.
HOLLYWOOD FL 33023

Mailing Address

6240 FUNSTON ST.
HOLLYWOOD FL 33023-1829

2. Principal Place of Business

6570 Griffin Rd

3. Mailing Address

Suite, Apt. #, etc.

103, 104

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0854345

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

NINO, LUIS M
6240 FUNSTON ST.
HOLLYWOOD FL 33023

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	T	<input type="checkbox"/> Delete
NAME	NINO, MARIA	
STREET ADDRESS	6240 FUNSTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORRITZ, MARIA D	
STREET ADDRESS	6240 FUNSTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ANGEL H	
STREET ADDRESS	6240 FUNSTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

954-964-8494

Daytime Phone #

CR2E037 (9/99)