# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 05, 2000 8:00 am**
**Secretary of State**
06-05-2000 90039 014 ****61.25

DOCUMENT # N98000004471

1. Entity Name

IGLESIA PENTECOSTAL NUEVA ESPERANZA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1842 TEAKWOOD<br>ORLANDO FL 32818<br>Iglesia Pentecostal<br>Nueva Esperanza Inc.<br>1400 Clarcona Ocoee Rd.<br>Ocoee, FL 34761<br>(407) 656-4892 | 1842 TEAKWOOD<br>ORLANDO FL 32818-5311 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1400 CLARCONA - OCOEE RD<br>Suite, Apt. #, etc. | 1400 Clarcona - Ocoee Rd.<br>Suite, Apt. #, etc. |
| City & State Ocoee FLA.<br>Orlando | City & State Ocoee FLA<br>Orlando |
| Zip 34761 Country | Zip 34761 Country |

4. FEI Number 59-3579560 ☐ 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 |
|---|---|
| RIVERA, JOSE A<br>1842 TEAKWOOD<br>ORLANDO FL 32818<br><br>Iglesia Pentecostal<br>Nueva Esperanza Inc.<br>1400 Clarcona Ocoee Rd.<br>Ocoee, FL 34761<br>(407) 656-4892 | Name JOSE A RIVERA<br>Street Address (P.O. Box Number is Not Acceptable)<br>1400 CLARCONA-OCOEE Rd.<br>City ~~Orlando~~ Ocoee FL Zip Code 34761 |

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RIVERA, JOSE A<br>1842 TEAKWOOD<br>ORLANDO FL 32818 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRACETI, MIGUEL<br>1322 CLERK STREET<br>ORLANDO FL 32808 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BAEZ, JUANITA<br>2825 WAXY WILLOW<br>ORLANDO FL 32808 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BELTRAN, JUAN<br>7574 GROVE OAK<br>ORLANDO FL 32810 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** JOSE A RIVERA REQUIRED J. A. Rivera 05-21-00 407-656-4892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #