

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004471

1. Entity Name

IGLESIA PENTECOSTAL NUEVA ESPERANZA, INC.

Principal Place of Business

1400 CLARCONA OCOEE RD
OCOEE FL 34761

Mailing Address

1400 CLARCONA OCOEE RD
OCOEE FL 34761

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

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
1400 CLARCONA OCOEE RD
OCOEE FL 34761

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.

(NOT 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 RIVERA, JOSE A 1842 TEAKWOOD ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAEZ, JUANITA 2825 WAXY WILLOW ORLANDO FL 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELTRAN, JUAN 7574 GROVE OAK ORLANDO FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

FILED

May 25, 2001 8:00 am
Secretary of State

05-25-2001 90288 002 ****70.00

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DO NOT WRITE IN THIS SPACE

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:

JOSÉ A RIVERA 5-22-01

407-6564892