

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90228 005 ****61.25

DOCUMENT # N98000004471

1. Entity Name

IGLESIA PENTECOSTAL NUEVA ESPERANZA, INC.

Principal Place of Business

Mailing Address

**1400 CLARCONA OCOEE RD
 OCOEE FL 34761**

**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

Jose A. Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-30-02

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: **PD** Delete
 NAME: **RIVERA, JOSE A**
 STREET ADDRESS: **1842 TEAKWOOD**
 CITY-ST-ZIP: **ORLANDO FL 32818**

TITLE: **SD** Delete
 NAME: **BAEZ, JUANITA**
 STREET ADDRESS: **2825 WAXY WILLOW**
 CITY-ST-ZIP: **ORLANDO FL 32808**

TITLE: **TD** Delete
 NAME: **BELTRAN, JUAN**
 STREET ADDRESS: **7574 GROVE OAK**
 CITY-ST-ZIP: **ORLANDO FL 32810**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Change Addition
 NAME: **SD MAKITZA MATOS**
 STREET ADDRESS: **6559 VIEWPOINT CT.**
 CITY-ST-ZIP: **ORLANDO, FL 32810**

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

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

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

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

Jose A. Rivera **REQUITADA RIVERA 5-30-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-6564892

CR2E037 (9/01)