

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003171

1. Entity Name

MINISTERIO EVANGELISTICO INTERNACIONAL "MANANTIA

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90049 021 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1106
MASCOTTE FL 34753

P.O. BOX 1106
MASCOTTE FL 34753-1106

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

59-3622129

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

JORDAN, EDWARD P II, ESQ
13543 EAST HIGHWAY 50
CLERMONT FL 34711

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	D	<input type="checkbox"/> Delete
NAME	GUADAMUZ, FRANCISCO	
STREET ADDRESS	% P.O. BOX 1106	
CITY-ST-ZIP	MASCOTT FL 34753	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUADAMUZ, INEZ	
STREET ADDRESS	% P.O. BOX 1106	
CITY-ST-ZIP	MASCOTT FL 34753	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLAVARRIA, SAMUEL	
STREET ADDRESS	% P.O. BOX 1106	
CITY-ST-ZIP	MASCOTT FL 34753	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

CR2E037 (9/99)