

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003456

1. Entity Name

IGLESIA OASIS DE JESUS INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90110 041 \*\*\*\*\*70.00

0086015

Principal Place of Business

1109 SE 15TH STREET  
CAPE CORAL FL 33900-3756

Mailing Address

1109 SE 15 STREET  
CAPE CORAL FL 33909

2. Principal Place of Business

4720 SE. 15TH ST AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
213-214-

City & State

CAPE CORAL

City & State

Zip

33909

Country

FL

Zip

Country

4. FEI Number

65-0933069

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

MANZANO, ALICIA  
4720 SE 15TH AVE.  
STE 213-214  
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

HECTOR J. MANZANO

Street Address (P.O. Box Number is Not Acceptable)

1109-SE-15TH ST

CAPE CORAL

City

FL

Zip Code

33990

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 Hector J MANZANO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/2001

**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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS MANZANO, HECTOR  
CITY-ST-ZIP 1109 SE 15TH ST.  
CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MANZANO, ALICIA  
CITY-ST-ZIP 1109 SE 15TH ST.  
CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS LIVERMON, MIRNA  
CITY-ST-ZIP 1631 SE 20TH LN.  
CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME ASST. TD  
STREET ADDRESS JOSE ANTONIO VOTIZ  
CITY-ST-ZIP 3331 SUMMERLIN RD-APT 10  
FORT. MYERS, FL - 33919.

TITLE ☐ Change ☒ Addition  
NAME ANA ARIAS  
STREET ADDRESS 829-SW-47TH TERRACE.  
CITY-ST-ZIP CAPE CORAL-FL-33904

TITLE ☐ Change ☒ Addition  
NAME V.D.  
STREET ADDRESS SILVIA ELENA AREAS  
CITY-ST-ZIP 708-SE-8TH ST. APT. A  
CAPE CORAL-FL-33990

TITLE ☐ Change ☒ Addition  
NAME V.D.  
STREET ADDRESS CARLOS EDUARDO SABORIO  
CITY-ST-ZIP 708-SE-8TH ST. APT. A  
CAPE CORAL-FL-33990.

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

TITLE ☐ Change ☐ 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:

Silvia Elena Areas ALICIA MANZANO - 4/9/01 941-5741944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)