

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003456

1. Entity Name

IGLESIA OASIS DE JESUS INC.

Principal Place of Business

4720 SE 15TH ST AVE
213-214
CAPE CORAL FL 33909

Mailing Address

1109 SE 15 STREET
CAPE CORAL FL 33909 *INCORRECT*

2. Principal Place of Business

4720 SE 15TH AVE. C.F. FL

3. Mailing Address

1109 SE 15TH ST

Suite, Apt. #, etc.

213-214

Suite, Apt. #, etc.

HOUSE.

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

Zip

33909

Country

LEE USA

Zip

33990

Country

LEE USA

6. Name and Address of Current Registered Agent

MANZANO, HECTOR J
1109 SE 15TH ST
CAPE CORAL FL 33990

4. FEI Number

65-0933069

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MANZANO, HECTOR	
STREET ADDRESS	1109 SE 15TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANZANO, ALICIA	
STREET ADDRESS	1109 SE 15TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIVERMON, MIRNA	
STREET ADDRESS	1631 SE 20TH LN.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	ORTIZ, JOSE ANTONIO	
STREET ADDRESS	5331 SUMMERLIN RD APT 10	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ARIAS, ANA	
STREET ADDRESS	829 SW 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABEAS, SILVIA ELENA	
STREET ADDRESS	708 SE 8TH ST APT A	
CITY-ST-ZIP	CAPE CORAL FL 33990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2002

Date

941-574-1944

Daytime Phone #

CR2E037 (9/01)