2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900006371 Jun 01, 2000 8:00 am Secretary of State IGLESIA EVANGELICA NUEVA VIDA, INC. 05-03-2000 90032 025 ****70.00 Mailing Address Principal Place of Business 1026-41 ST. 1028-41 ST. SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Gity & State City & State Not Applicable Country 探 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CESPEDES, ISMAEL DE 1026-41-ST: SARASOTA FL 34234 Zip`Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tate if applicable Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE CESPEDES, ISMAEL DE NAME NAME STREET ADDRESS STREET ADDRESS 1026-41 ST. CITY-ST-ZIP CITY-SI-ZIP SARASOTA FL 34234 Addition ☐ Change Delete TITLE mayra Decespedes nne NAME NAME 1026 4 1st 5t. STREET ADDRESS STREET ADDRESS jarasota, Pl. 3423 CITY-ST-ZIP CITY-ST-ZIP Change **Addition** TILE. TITLE □ Delete JUSEFA VASQUEZ NAME NAME STREET ADDRESS STREET ADDRESS sarasota El. 34234 CITY-ST-ZIP. CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 91-718 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 12. I hereby certify that the information supplied with this filling 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 of SIGNATURE SIGNATURE: