

**2000 UNIFORM BUSINESS REPORT (UBR)**

7/

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90018 039 \*\*\*\*61.25

**DOCUMENT # N99000007568**

1. Entity Name

**IGLESIA NUEVA ESPERANZA, INC.**



Principal Place of Business  
**3620 BALLAST POINT BLVD.**  
**TAMPA FL 33611**

Mailing Address  
**3620 BALLAST POINT BLVD.**  
**TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

**530 Tuscanny Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Brandon, FL**

4. FEI Number

**59-3616209**

Applied For

Not Applicable

Zip

Country

Zip  
**33511**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GUILLEN, EVANGELINA**  
**4011 S. MANHATTAN AVE., APT. 315**  
**TAMPA FL 33611**

7. Name and Address of New Registered Agent

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 re-registering)

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 **D**  Delete  
 NAME **Jose Velasquez**  
 STREET ADDRESS **530 Tuscanny street**  
 CITY-ST-ZIP **Brandon, FL 33511**

TITLE **D**  Delete  
 NAME **Evangelina Guillen**  
 STREET ADDRESS **4011 S. Manhattan Ave. Apt. 315**  
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **D**  Delete  
 NAME **Bienvenido Gonzalez**  
 STREET ADDRESS **6309 S. Adelia Ave.**  
 CITY-ST-ZIP **Tampa, FL 33616**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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:

**Jose Velasquez**

**6/15/00**

**(813)685-4992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-32EC-7 (9/99)