2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 21, 2002 8:00 am Secretary of State **DOCUMENT # 747375** 1. Entity Name 08-21-2002 90087 026 ****61.25 INSTITUTO BIBLICO PENTECOSTAL MIZPA, INC. Principal Place of Business Mailing Address 010075 1661 N.W. 119 ST 1661 N.W. 119 ST MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address P.O. BOX 681118 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0206069 Not Applicable MIAMI Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33168-1118 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RIVERA, REV ENRIQUE 1170 N.W. 126 ST NORTH MIAMI FL 33168 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registere (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition NAZARIO, REV. EDGAR NAME NAME STREET ADDRESS 7454 HALLOW RIDGE CIR STREET ADDRESS CITY-ST-ZIP Orlando fl CITY-ST-7IP TITI F ☐ Delete ☐ Change ☐ Addition ROBLES, ELIZABETH NAME STREET ADDRESS 2730 N.W. 17TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RIVIERA, ENRIQUE NAME NAME STREET ADDRESS 1170 N.W. 126 ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N. MIAMI FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 7. 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: RIVERAGRE

08/01/2002

305-688-9479