

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90543 028 ****61.25

DOCUMENT # 747375

1. Entity Name

INSTITUTO BIBLICO PENTECOSTAL MIZPA, INC.



Principal Place of Business

1661 N.W. 119 ST
MIAMI FL 33168
US

Mailing Address

PO BOX 68118
N MIAMI FL 33168
US

2. Principal Place of Business

1661 N.W. 119 St

3. Mailing Address

PO BOX 68118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

N. Miami, FL 33168

Zip

33168

Country

US

Zip

33168

Country

US

4. FEI Number 65-0206069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, REV ENRIQUE
1170 N.W. 126 ST
NORTH MIAMI FL 33168

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAZARIO, REV. EDGAR
STREET ADDRESS 7454 HALLOW RIDGE CIR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE D
NAME ROBLES, ELIZABETH
STREET ADDRESS 2730 N.W. 17TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME RIVERA, ENRIQUE
STREET ADDRESS 1170 N.W. 126 ST
CITY-ST-ZIP N. MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 persons empowered.

SIGNATURE: *Signature Required* / Enrique Rivera - Treasure 1/23/03 407-856-7997

CR2E037 (10/02)