

# 0102 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A00000001539

1. Entity Name  
Mision Pentecostes Luz De La Vida, Inc.

FILED

02 APR -3 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

15118 Hillsborough Av.

3. Mailing Address

15118 Hillsborough Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Dade city

Dade city, Fla

Zip

Country

Zip

Country

FL

pasco

33523

pasco

4. FEI Number

52-2270480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jasso, Urbano

7. Name and Address of New Registered Agent

Name

Mision pentecostes,

Street Address (P.O. Box Number is Not Acceptable)

15-118 Hillsborough Av.

City

Dade City

FL

Zip Code

33523

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

URBANO JASSO

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 D  
NAME Juventino Manriquez  
STREET ADDRESS 15314 pinellas ave.  
CITY-ST-ZIP Dade city FL. 33523

TITLE D  
NAME Josue R Jasso  
STREET ADDRESS 37105 Seminole ave.  
CITY-ST-ZIP Dade city FL. 33523

TITLE D  
NAME Maria M Jasso  
STREET ADDRESS 36736 Washington St.  
CITY-ST-ZIP Dade city FL. 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME 100005289591--8  
STREET ADDRESS -04/17/02--01049--004  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME 200003706202--1  
STREET ADDRESS -02/16/01--01006--009  
CITY-ST-ZIP \*\*\*\*\*87.50 \*\*\*\*\*30.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: URBANO JASSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-6-02

Daytime Phone #

(352)518-9755

CR2E037 (11/00)

Attachment  
Document #

NO0000001539

Recorded List of Mision Pentecostes Luz  
de La Vida, Inc. Members

NAME

Juventino Manriquez

Name

Josue n. Lasso

NAME

Fidel v. Perez

NAME

J. ASUACIDAR JAIMES

NAME

Rosa H. Jaimés

NAME

Maria M Jasso

NAME

Vicky Jaimés

NAME

Epifanio Rodriguez Chino

NAME

Antonio Fernandez

NAME

Maria C Manriquez

NAME

Harold P. Hernandez

NAME

Maria S. Sanchez

NAME

Lazarro Sanchez

NAME

Patricia Lopez

NAME

Petricia Manriquez

NAME

Jose Hernandez m

NAME

Jael Hernandez

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME