FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90005 015 ****61.25

54014846

DOCUMENT #

1. Entity Name
Palestina Iglesia Evangelica Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2475 Michigan Ave	952 Florida Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Kissimmee Florida
City & State	City & State
Kissimmee Florida 34743	
Zip / Country	Zip 34743 / Country Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2080632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 Pastor
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

6/1.25 Federal Tax num. 57

CR2E034B (12/02)

10. OFFICERS AND DIRECTORS

TITLE	
NAME	Melender Piñero Guanelje
STREET ADDRESS	952 Florida Parkway
CITY-ST-ZIP	Kissimmee Florida 34743
TITLE	
NAME	Piñero Flor M.
STREET ADDRESS	952 Florida Parkway
CITY-ST-ZIP	Kissimmee Florida 34743
TITLE	
NAME	Piñero Janet
STREET ADDRESS	34 Wagon Circle (change address new address)
CITY-ST-ZIP	Kissimmee, FL. 34743
TITLE	
NAME	MENDEZ EFRAIN
STREET ADDRESS	34 wagon circle (new address)
CITY-ST-ZIP	Kissimmee, Florida 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #