


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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90174 001 ****70.00

DOCUMENT # N02000007807

1. Entity Name
IGLESIA DE DIOS CAMINO AL CIELO IN MIAMI, INC.



Principal Place of Business Mailing Address
**10711 SW 216TH ST.
MIAMI FL 33179** ~~**10711 SW 216TH ST.
MIAMI FL 33179**~~

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
20524 SW 92 Ct.

City & State City & State 4. FEI Number Applied For
Miami, Florida **72-1537842** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33189 **Miami Dade**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANGLERO, OSVALDO
20254 SW 92ND CT.
MIAMI FL 33189**

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 _____ (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	<input type="checkbox"/> Delete
NAME	ANGLERO, OSVALDO	
STREET ADDRESS	20524 SW 92ND CT.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANGLERO, HILDA R	
STREET ADDRESS	20524 SW 92ND CT.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, BLANCA M	
STREET ADDRESS	9762 SW 22ND ST.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORTIZ, ZAIDA E	
STREET ADDRESS	10030 S.W. 224TH ST. #205	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **NOTARIAL SEAL REQUIRED** *1/10/2003-305-2220688*

CR2E037 (10/02)