

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # N98000003735**

1. Entity Name

**IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.**

05-16-2001 90043 035 \*\*\*\*61.25  
 07-31-2001 90227 012 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**1065 93RD STREET** **1065 93RD ST**  
**BAY HARBOR ISLANDS FL 33154** **BAY HARBOR ISLANDS FL 33154-2302**

**AU080138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0851584</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SANTIAGO, PAULO R</b> <b>1065 93RD STREET</b> <b>BAY HARBOR FL 33154</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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.

SIGNATURE *[Signature]* DATE *07/20/01*

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

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 12, 2001, min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>P/D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTIAGO, PAULO R</b>	NAME	<b>SANTIAGO Paulo R</b>
STREET ADDRESS	<b>1065 93RD STREET</b>	STREET ADDRESS	<b>101 96 ST</b>
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VP/SD.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANTIAGO, ANGELA MARIA T</b>	NAME	<b>LILIANA YEDID.</b>
STREET ADDRESS	<b>1065 93RD STREET</b>	STREET ADDRESS	<b>1880 S. OCEAN DR #707</b>
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Treasurer/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>ROBERTA T SANTIAGO</b>
STREET ADDRESS		STREET ADDRESS	<b>1065. 93 STREET</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE REQUIRED *07/20/01*

CF2E037 (5/01)