

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003735

1. Entity Name

IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.

Principal Place of Business

Mailing Address

1065 93RD STREET  
BAY HARBOR ISLANDS FL 33154

1065 93RD ST  
BAY HARBOR ISLANDS FL 33154-2302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, PAULO R  
1065 93RD STREET  
BAY HARBOR FL 33154

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SANTIAGO, PAULO R  
STREET ADDRESS 501-96TH ST  
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition

TITLE VPSD  
NAME YEDID, LILIANA  
STREET ADDRESS 1880 S OCEAN DR, STE 707  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE VP/D  
NAME ROBERT FITZ  
STREET ADDRESS 501-96TH ST  
CITY-ST-ZIP BAY HARBOR, FL 33154 ☐ Change ☒ Addition

TITLE TS  
NAME SANTIAGO, ROBERTA T  
STREET ADDRESS 1065-93RD STREET  
CITY-ST-ZIP BAY HARBOR FL 33154 ☒ Delete

TITLE  
NAME ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete

TITLE TREASURER/D.  
NAME ANGELA M SANTIAGO  
STREET ADDRESS 501-96TH ST  
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ Change ☒ Addition

TITLE  
NAME ☐ Delete

TITLE TREASURY/SECRETARY  
NAME GERARDO CHILEWITT  
STREET ADDRESS 501-96TH ST  
CITY-ST-ZIP BAY HARBOR FL 33154 ☐ Change ☒ Addition

TITLE  
NAME ☐ Delete

TITLE  
NAME ☐ 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)