

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2000 8:00 am
Secretary of State

04-14-2000 90087 030 ****61.25

DOCUMENT # N99000003719

1. Entity Name

IGLESIA PODER PENTEGOSTAL INC

| | |
|--|---|
| Principal Place of Business 190 EAST 5 STREET HIALEAH FL 33010 | Mailing Address 190 EAST 5 STREET HIALEAH FL 33010-4844 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address 1000 West 28 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. APT # 1 |
| City & State | City & State HIA FL |

| | |
|---|--|
| 4. FEI Number 65-0930178 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
CORTES, REINALDO
 100 WEST 28 STREET APT. 1
 HIALEAH FL 33010
(check my address) it is 1000 W

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.
 SIGNATURE Reinaldo Cortes (P.D.) DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CORTES, REINALDO 1000 WEST 28 STREET APT 1 HIALEAH FL 33010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PEREZ, FERNANDO 1200 PALM AVENUE APT. 16 HIALEAH FL 33010 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CORTES, MARTHA J 1000 WEST 28 STREET APT-1 HIALEAH FL 33010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROSARIO, MARIA 2659 OKEECHOBEE RD HIALEAH FL 33010 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CABUS JORGE 1600 NW 119 ST # 227 TRALE MIAMI FL 33167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Reinaldo Cortes (P.D.) **4/10/00** **(305) 885-9164**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)