

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770853

1. Entity Name

IGLESIA PENTECOSTAL ESTRELLA DE JACOB INC.

Principal Place of Business

10609 NW 7TH AVE.  
MIAMI FL 33150-1007  
US

Mailing Address

1899 NW 93RD TERRACE  
MIAMI FL 33147-3149  
US

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

65-0446076

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

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  
NAME PD  
STREET ADDRESS ALVARADO, JUAN R.  
CITY-ST-ZIP 1899 N.W. 93RD TERRACE  
MIAMI FL 33147 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS ALVARADO, CONCEPCION  
CITY-ST-ZIP 1899 N.W. 93RD TERR  
MIAMI FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME S  
STREET ADDRESS OQUENDO, MONICA  
CITY-ST-ZIP 2270 N.W. 93RD TERRACE  
MIAMI FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS CABRERA, PASCUALA  
CITY-ST-ZIP 9145 N.W. 35TH AVE  
MIAMI FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS FIGUEROA, JOSE L  
CITY-ST-ZIP 4220 S. 66TH STREET  
TAMPA FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED

Juan R. Alvarado

3/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90101 010 \*\*\*\*61.25

00011004



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)