

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000002739

**Entity Name:** UNIVERSIDAD TEOLOGICA LA PALABRA, INC.

**Current Principal Place of Business:**

350 FIFTH AVENUE, 59 FLOOR  
NEW YORK CITY, NY 10118

**Current Mailing Address:**

350 FIFTH AVENUE, 59 FLOOR  
NEW YORK CITY, NY 10118 US

**FEI Number:** 46-1180971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AYBAR, LEONOR  
2141 SW 1ST STREET, SUITE 210,  
MIAMI, FL 33135 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, GENERAL RECTOR  
Name            CONTRERAS-DUARTE, CARLOS DR.  
Address        350 FIFTH AVENUE, 59 FLOOR  
City-State-Zip: NEW YORK CITY NY 10118

Title            VP  
Name            RIVERA-SANTANA, MANUEL REV..  
Address        211 RIVER OAKS DRIVE  
City-State-Zip: NEW ORLEANS LA 70131

Title            SD  
Name            PICHARDO, ALIDA DR.  
Address        334 E. 198TH STREET  
City-State-Zip: BRONX NY 10458

Title            VP  
Name            CONTRERAS, IVELISSE E. MISS  
Address        622 E.169 STREET, 5-D  
City-State-Zip: NEW YORK CITY NY 10456

Title            TREASURER  
Name            CONTRERAS, LENIN E LIC.  
Address        7035 65TH PL  
City-State-Zip: GLENDALE NY 11385

Title            DIRECTOR  
Name            MUNOZ, HECTOR R. ING.  
Address        123 BOND STREET  
City-State-Zip: ELIZABETH NJ 07206

Title            OFFICER, DIRECTOR  
Name            ROSARIO, PEDRO REV.  
Address        2141 SW 1ST STREET, SUITE 210,  
City-State-Zip: MIAMI FL 33135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** REV. DR. CARLOS CONTRERAS-DUARTE, PH. D.

**PRESIDENT & GENERAL  
RECTOR**

**10/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date