

2020 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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:** LEONOR AYBAR

02/20/2020

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 SARANTE DE AGUERO, MARLENY DR.
Address 540 MONROE AVENUE
City-State-Zip: ELIZABETH NJ 07201

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 556 W FLAGLER STREET
APT.402
City-State-Zip: MIAMI FL 33130

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: DR. CARLOS CONTRERAS-DUARTE**PRESIDENT & GENERAL RECTOR** 02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date