

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90102 046 \*\*\*\*70.00

**DOCUMENT # 705368**  
 1. Entity Name  
**Iglesia de Dios Pentecostal Movimiento Internacional, Inc.**

Principal Place of Business / Mailing Address  
**Iglesia de Dios Pentecostal M.I., Inc.**  
**Oficina Regional**  
**5449 S. Semoran Blvd, Ste. 217**  
**Orlando, FL 32822**

2. Principal Place of Business 5449 S. Semoran Blvd	3. Mailing Address 5449 S. Semoran Blvd
Suite, Apt. #, etc. Suite 217	Suite, Apt. #, etc. Suite 217
City & State Orlando, FL	City & State Orlando, FL
Zip 32822 Country USA	Zip 32822 Country USA

00057730

DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0497143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**Nazario, Rev. Edgar**  
**7454 Hallow Ridge Cr.**  
**Orlando, FL 32822**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nazario, Rev. Edgar</b> 7454 Hallow Ridge Cr. Orlando, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Martinez, Rev. Pedro</b> 2776 River Ridge Dr. Orlando, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Torres, Rev. Samuel</b> 7830 Altavan Ave. Orlando, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Panzardi, Rev. Santiago</b> 628 Wechsler Cr. Orlando, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Santos, Rev. Manuel A.</b> 1511 Plantation Grove Ct, Apt. 527 Plantation, FL 33586 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fontanez, Rev. Misael</b> 11241 Cypress Leaf Dr. Orlando, FL 3282 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Samuel Torres 5/18/00 407 390-3357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)