

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

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
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10. PD OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nazario, Rev. Edgar 7454 Hallow Ridge Cr. Orlando, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Rev. Pedro 2776 River Ridge Dr. Orlando, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Torres, Rev. Samuel 7830 Altavan Ave. Orlando, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Panzardi, Rev. Santiago 628 Wechsler Cr. Orlando, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santos, Rev. Manuel A. 1511 Plantation Grove Ct, Apt. 527 Plantation, FL 33586 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fontanez, Rev. Misael 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
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)