

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 2:38

DOCUMENT # 709496

1. Entity Name

PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P)

Principal Place of Business

1500 N.W. 35TH ST
MIAMI FL 33142
US

Mailing Address

1500 N.W. 35TH ST
MIAMI FL 33142
US

2. Principal Place of Business

1500 N.W. 35 ST
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

SAME

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33142

Country

MIAMI DADE

Zip

SAME

Country

SAME

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDRO, GARCIA JR
1231 NW 29 TERR
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name: SAME
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

TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCISCO, GARCIA	
STREET ADDRESS	2350 N.E. 173RD ST., #109	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTIAGO, JOSE B	
STREET ADDRESS	6416 CUSTER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, DANIEL	
STREET ADDRESS	6416 CUSTER ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, PEDRO JR	
STREET ADDRESS	1231 NW 29 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JULIO, GUZMAN	
STREET ADDRESS	2305 S.W. 81ST AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, ABRAHAM	
STREET ADDRESS	300 N.W. 116TH ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FRANCISCO GARCIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO GARCIA	
STREET ADDRESS	2350 N.E. 173 ST	
CITY-ST-ZIP	N. MIAMI BEACH FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	← SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JULIO GUZMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO GUZMAN	
STREET ADDRESS	2305 S.W. 81AVE	
CITY-ST-ZIP	MIRAMAR FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA ABRAHAM	
STREET ADDRESS	175 N.E. 160 ST	
CITY-ST-ZIP	N. MIAMI BEACH FLA	

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 the empowered.

SIGNATURE:

PEDRO GARCIA JR
SIGNATURE REQUIRED

8/21/01

SP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)

10/23/01
500004650129
049-019-5
61.25