

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

0007985

DOCUMENT # **709496**

1. Entity Name

**PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P  
ENTECASTAL ESMIRNA, INC.)**



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**SAME**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEDRO, GARCIA JR  
1231 NW 29 TERR  
MIAMI FL 33127**

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. I am familiar with, and accept the obligations of registered agent.

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**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **COREA, MANUEL**  
CITY-ST-ZIP **P.O. BOX 1694  
MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **GARCIA, PREDRO JR**  
CITY-ST-ZIP **1231 NW 29 TERR  
MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GUZMAN, JULIO**  
CITY-ST-ZIP **7541 JUNIPER ST  
MIRAMAR FL 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ARROYO, EDWIN**  
CITY-ST-ZIP **462 NW 111 TERRACE  
MIAMI SHORE FL 33161**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **BURGOS, EDWIN**  
STREET ADDRESS **462 NW 111 TERRACE**  
CITY-ST-ZIP **MIAMI SHORE FL 33018**

TITLE ☒ Change ☐ Addition  
NAME **GAREO ABRAM C.**  
STREET ADDRESS **6980 S.W. 29th**  
CITY-ST-ZIP **MIRAMAR FLA 33023**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **RIO, EDWIN**  
CITY-ST-ZIP **362 NE 112 ST  
MIAMI FL 33141**

TITLE ☐ Change ☐ Addition  
NAME **BURGOS CANNINO**  
STREET ADDRESS **1500 NW 35th**  
CITY-ST-ZIP **MIAMI FL 33142**

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: **PEDRO GARCIA JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)