2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 749963 May 26, 2000 8:00 am Secretary of State 1. Entity Name IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORI 05-26-2000 90086 009 ****70.00 Principal Place of Business Mailing Address 6375 W.FLAGLER ST. 6375 W.FLAGLER ST. MIAMI FL 33144-3057 MIAMI FL 33144-3057 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1988049 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GALLARDO, LENIER L 6375 W. FLAGLER ST. MIAMI FL FL 33144 Zip Code City 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. . Will of 3 138 NO CONTRACTOR OF THE STR SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE TD ☐ Delete TITLE Change NAVARRO, OSVALDO NAME CORTADA, JORGE NAME 6039 Collins Ave #1137 STREET ADDRESS STREET ADDRESS 5300 SW 153 CT CITY-ST-ZIP CITY-ST-ZIP Miami Beach, F1 33140 **MIAMI FL 33165** X Addition ☐ Change ☐ Delete TITLE TITLE GALLARDO, LENIER L REV D NAME RAMOS, EDUARDO NAME STREET ADDRESS 6375 W FLAGLER STREET STREET ADDRESS 9510 S.W. 78 St. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 Miami, Fl 33173 ☐ Change Delete Addition TITLE TITLE D NAME PALOMINO, RENE NAME PINEDA, CONCHITA STREET ADDRESS STREET ADDRESS 7160 S.W. 64TH ST. 3680 S.W. 68th. Ave. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Miami, Fl 33155 Addition Change ☐ Delete TITLE TITLE. T MEGIAS, JORGE NAME MELO. ANGELITA STREET ADDRESS 1550 Westward Dr. STREET ADDRESS 1550 WESTWARD DRIVE CITY-ST-ZIP CITY-ST-ZIP Miami Springs, F1 33166 MIAMI SPRINGS FL TITLE ☐ Change ☐ Addition Delete TITLE NAME GALLARDO, MARK J NAME STREET ADDRESS STREET ADDRESS 331 NW 154TH AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKES PINES FL 33028 ☐ Change Addition ☐ Delete TITLE TITLE CASAS, YOLANDO NAME NAME STREET ADDRESS STREET ADDRESS 82 SW 132ND CT CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33184 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-00 300 26