

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749963

1. Entity Name

IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORI

Principal Place of Business

6375 W.FLAGLER ST.  
MIAMI FL 33144-3057

Mailing Address

6375 W.FLAGLER ST.  
MIAMI FL 33144-3057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1988049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLARDO, LENIER L  
6375 W. FLAGLER ST.  
MIAMI FL FL 33144

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

*Rev. Dr. Lourdes...* *Senior Pastor*

5/1/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORTADA, JORGE 5300 SW 153 CT MIAMI FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLARDO, LENIER L REV D 6375 W FLAGLER STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMINO, RENE 7160 S.W. 64TH ST. MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELO, ANGELITA 1550 WESTWARD DRIVE MIAMI SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLARDO, MARK J 331 NW 154TH AVE PEMBROKES PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CASAS, YOLANDO 82 SW 132ND CT MIAMI FL 33184	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Cruz, Remedios 5050 N.W. 7th. St. #104 Miami, FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Eduardo 9510 S.W. 78 St Miami, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME Benitez, Juan 8513 S.W. 163 Ct. Miami, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pineda, Conchita 3680 S.W. 68th. Ave. Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Navarro, Osvaldo 6039 Collins Ave #1137 Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Casas, Yolanda 82 S.W. 132nd. Ct. Miami, FL 33184	<input checked="" 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:

*Charles...*

4-30-01 305-264-9059

CR2E037 (10/00)

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90403 003 \*\*\*\*66.25

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DO NOT WRITE IN THIS SPACE