

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90168 039 *****70.00

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1. Entity Name

IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORIDA, INC."



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. 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 **E** ☒ Delete
NAME **CRUZ, REMEDIOS**
STREET ADDRESS **5050 N.W. 7TH ST., #104**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D.** ☒ Change ☐ Addition
NAME **BENITEZ, JUAN**
STREET ADDRESS **8513 S.W. 163 Ct.**
CITY-ST-ZIP **Miami, FL 33193**

TITLE **PD** ☐ Delete
NAME **GALLARDO, LENIER L REV D**
STREET ADDRESS **6375 W FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **D** ☐ Delete
NAME **PALOMINO, RENE ESO**
STREET ADDRESS **11464 S.W. 100TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **T** ☐ Delete
NAME **MELO, ANGELITA**
STREET ADDRESS **1550 WESTWARD DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

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

TITLE **S** ☐ Delete
NAME **PINEDA, CONCHITA**
STREET ADDRESS **3680 S.W. 68TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **BM** ☐ Delete
NAME **CASAS, YOLANDA**
STREET ADDRESS **82 SW 132ND CT**
CITY-ST-ZIP **MIAMI FL 33184**

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

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: *Lenier L. Gallardo* **Dr. Lenier L. Gallardo**

8-13-03

305-264-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)