

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90072 015 ****61.25

DOCUMENT # 763698

1. Entity Name

IGLESIA EVANGELICA LOS PINOS NUEVOS, INC.

Principal Place of Business

Mailing Address

C/O FIDEL RODRIGUEZ
 4225 SW 95 AVENUE
 MIAMI FL 33165

C/O FIDEL RODRIGUEZ
 4225 SW 95 AVENUE
 MIAMI FL 33165-5243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAMAYO, ALEXIS T
4225 SW 95 AVENUE
MIAMI FL 33165

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FIDEL H.	
STREET ADDRESS	4225 SW 95 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONCEPCION, RAMON, Concepcion	
STREET ADDRESS	14919 SW 80TH STREET, #112	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, GLORIA M.	
STREET ADDRESS	4225 SW 95 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMAYO, ALEXIS	
STREET ADDRESS	4225 SW 95 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dianelys Arteaga	
STREET ADDRESS	641 E 58 ST	
CITY-ST-ZIP	Hialeah FL 33013	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ramon Concepcion*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RAMON CONCEPCION**

4-16-00 *305 7696238*
 Date Daytime Phone #

CR2E037 (9/99)