

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90289 017 ****70.00

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

CO013684



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 Delete
 NAME: RODRIGUEZ, FIDEL H.
 STREET ADDRESS: 4225 SW 95 AVENUE
 CITY-ST-ZIP: MIAMI FL

TITLE: TD Change Addition
 NAME: ARTEAGA, DIANELYS
 STREET ADDRESS: 641 E 58 ST
 CITY-ST-ZIP: HIALEAH, FL 33013

TITLE: TD Delete
 NAME: CONCEPCION, RAMON
 STREET ADDRESS: 14919 SW 80TH STREET, #112
 CITY-ST-ZIP: MIAMI FL 33193

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

TITLE: VD Delete
 NAME: RODRIGUEZ, GLORIA M.
 STREET ADDRESS: 4225 SW 95 AVENUE
 CITY-ST-ZIP: MIAMI FL

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

TITLE: SD Delete
 NAME: TAMAYO, ALEXIS
 STREET ADDRESS: 4225 SW 95 AVENUE
 CITY-ST-ZIP: MIAMI FL

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

TITLE: VT Delete
 NAME: ARTEAGA, DIANELYS
 STREET ADDRESS: 641 E 58 ST
 CITY-ST-ZIP: HIALEAH FL 33013

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2001 (305) 553-3150
 Date Daytime Phone #

CR2E037 (10/00)