

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2001 08:00 AM
Secretary of State

DOCUMENT # 765072

1. Entity Name
 IGLESIA PENTECOSTAL UNIDA LATINOAMERICANA INC.

Principal Place of Business
 2653 W. ATLANTIC BLVD
 POMPANO BEACH FL 33069

Mailing Address
 PO BOX 590158
 FT LAUDERDALE FL 33359 US

2. Principal Place of Business
 1832 N.E. 164TH ST

3. Mailing Address
 1832 N.E. 164TH ST

Suite, Apt. #, etc.

City & State
 NORTH MIAMI BEACH FL

City & State
 NORTH MIAMI BEACH FL

Zip Country
 33162

Zip Country
 33162

4. FEI Number
65-0175332

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUARTE, ELISEO
 14840 SW 104 ST 79
 MIAMI FL 33196

7. Name and Address of New Registered Agent

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 _____ DATE **07/11/2001**
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

TITLE	SD	<input type="checkbox"/> Delete
NAME	TORRES JOSE A	
STREET ADDRESS	3511 NW 35 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTELLANOS, HERMAN	
STREET ADDRESS	83-25 BROADWAY AVE -3RD FLR	
CITY-ST-ZIP	ELMHURST NY 11373	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURGOS ADRIAN	
STREET ADDRESS	P.O. BOX 400 N/A	
CITY-ST-ZIP	UNIONVILLE NY 10988	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUARTE, ELISEO	
STREET ADDRESS	14840 SW 104 ST #79	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ GUILLERMO	
STREET ADDRESS	560 S.PARK RD , # 712	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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)(f), 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: Guillermo Lopez SD 07/11/2001

CR2E037 (11/00)