

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005041

1. Entity Name

IGLESIA PENTECOSTAL Y MISIONERA, INC.

Principal Place of Business

P.O. BOX 64
CAROLINA PR 00986

Mailing Address

P.O. BOX 64
CAROLINA PR 00986

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

66-0458993

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

BETANCOURT, HERBERT

8110 GREAT SOUND DRIVE

ORLANDO FL 32827

4337 Pabblesstone Ct
Orlando, FL 32826

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

After September 12, 2001, min. will be \$236.25

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
CP
BETANCOURT, SANTIAGO
CARR 181 K.6 H.3 RAMAL 852
TRUJILLO ALTO, PR 00978

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
VILA, ISRAEL
BO. CEIBA SUR CARR 198 INT 9937 K.O H.7
LAS PIEDRAS, PR 00771-9819

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FUENTES, PEDRO
SECTOR BAJA MEDIANIA BAJA
LOIZA PR 00772

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MARRERO, ELBA
BO. CEIBA SUR CARR 198 INT. 9937
LAS PIEDRAS PR 00771-9819

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Y
BETANCOURT, ANATOLIA
BO. CEIBA SUR CARR 198 INT. 9937
LAS PIEDRAS PR 00771-9819

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

SP

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

8/7/01

787-761986

Date

Daytime Phone

08-14-2001 9:00:03 045 ***60.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 24 PM 2: 04

00062205



DO NOT WRITE IN THIS SPACE

0015538

CR2ED037 (5/01)