

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90032 043 ****61.25

DOCUMENT # N00000000946

1. Entity Name
IGLESIA DE JESUCRISTO-PUERTA DEL CIELO, INC.

Principal Place of Business Mailing Address
6091 W 22nd ST Apt 306
Hialeah, Fl 33016

2. Principal Place of Business 3. Mailing Address
12275 NW 97 Court **12275 NW 97 Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah Gardens/ Fl **Hialeah Gard, Fl**

Zip Country Zip Country
33018 USA **33018 USA**

4. FEI Number **65-0990454** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Pastor Eliezer Ramirez
12275 NW 97 COURT
HIALEAH GARDENS, FL 33018

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 *[Signature]* (Reg. Agent) **5/22/01**
 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 NAME	PRESIDENT <input type="checkbox"/> Delete
STREET ADDRESS	Pastor Eliezer Ramirez
CITY-ST-ZIP	12275 NW 97 Court Hialeah Gard Fl 33018
TITLE NAME	VICE PRESIDENT <input type="checkbox"/> Delete
STREET ADDRESS	Pastor Lazaro Gonzalez
CITY-ST-ZIP	12275 NW 97 Court Hialeah Gard, Fl 33018
TITLE NAME	SECRETARY <input type="checkbox"/> Delete
STREET ADDRESS	Solangel Rico
CITY-ST-ZIP	12275 NW 97 Court Hialeah Gar, Fl 33018
TITLE NAME	TREASURE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	Caridad Lopez
CITY-ST-ZIP	1271 W 29th St # 111 Hialeah, Fl 33016
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TREASURE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Adela Medina
CITY-ST-ZIP	50 W Palm Ave Hialeah, Fl 33011
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* President **5/22/01** 305 819 3095
 Signature typed or printed name of signing officer or director Date Daytime Phone #

A0072158

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)