

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90533 001 ****61.25

02-25-2002 90533 002 ****8.75

DOCUMENT # N00000000946

1. Entity Name

IGLESIA DE JESUCRISTO-PUERTA DEL CIELO, INC.

Principal Place of Business

Mailing Address

**12275 NW 97 COURT
HIALEAH GARDENS FL 33018**

**12275 NW 97 COURT
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0990454

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

**RAMIREZ, ELIEZER PASTOR
12275 NW 97 COURT
HIALEAH GARDENS FL 33018**

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 **RAMIREZ, ELIEZER PASTOR**
STREET ADDRESS **6091 W. 22ND ST #306**
CITY-ST-ZIP **HIALEAH FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **Eliezer, Ramirez Pastor**
STREET ADDRESS **12275 NW 97 CT**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **SD** ☐ Delete
NAME **RICO, SOLANGEL**
STREET ADDRESS **6091 W. 22ND ST #306**
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **Rico, Solangel**
STREET ADDRESS **12275 NW 97 CT**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **VD** ☒ Delete
NAME **GONZALEZ, LAZARO PASTOR**
STREET ADDRESS **2922 SAMPLE RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **Buite, Nicolas**
STREET ADDRESS **510E 59ST**
CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE **T** ☐ Delete
NAME **MEDINA, ADELA**
STREET ADDRESS **50 W PALM AVE**
CITY-ST-ZIP **HIALEAH FL 33011**

TITLE **T** ☐ Change ☐ Addition
NAME **Medina, Adela**
STREET ADDRESS **350 Burlington st**
CITY-ST-ZIP **FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

01/30/02

Date

(305) 819-3495

Daytime Phone #

CR2E037 (9/01)