

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0022966

DOCUMENT # N00000003684

1. Entity Name
IGLESIA PENTECOSTAL PUERTA DE SALVACION, INC.



FILED

03 JAN 14 PH12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4872 NW 7TH ST
MIAMI FL 33126**

Mailing Address
**4872 NW 7TH ST
MIAMI FL 33126**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-1028353** Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DELGADILLO, RUDY
4872 NW 7TH ST
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELGADILLO, RUDY	
STREET ADDRESS	3059 NW 11TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALONSO, ROMMEL	
STREET ADDRESS	12354 NW 55 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELGADILLO, VERONICA	
STREET ADDRESS	3059 NW 11TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, DANIEL	
STREET ADDRESS	6095 W 18 AVE #5129	
CITY-ST-ZIP	HALEAH FL 33012	
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		<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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eveling Cespedes	
STREET ADDRESS	16205 NW 83 Ct	
CITY-ST-ZIP	Miami Lakes, FL 33016	
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)(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: _____

DATE: 1/13/03 **DAYTIME PHONE: 305-541-7615**

CR2E037 (10/02)