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

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90059 013 ****61.25

DOCUMENT # N00000007848

1. Entity Name
Concilio Pentecostal Sinai Inc.
8019 Van Dyke Pl. Tampa FL. 33604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8019 Van Dyke Pl	10220 N. 23rd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa Florida	Tampa FL.
City & State	City & State
Zip 33604 Country Hillsborough	Zip 33612 Country Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 593682341 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rev. Samuel Rivera
Street Address (P.O. Box Number is Not Acceptable): 10220 N. 23rd St
City: Tampa Florida FL Zip Code: 33612

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 P NAME Rivera, Samuel, Rev. STREET ADDRESS 10220 N. 23rd St CITY-ST-ZIP Tampa FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Rivera, Serita [Trcs.] STREET ADDRESS 10220 N. 23rd St CITY-ST-ZIP Tampa FL. 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D.S NAME Olivo Melinda [Sec.] STREET ADDRESS 13420 Sunvale. Pl CITY-ST-ZIP Tampa FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME Celdas Juan STREET ADDRESS 1911 E. 149 Ave. CITY-ST-ZIP Lutz FL. 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

Rev.
SIGNATURE: _____ 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #