

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008100**

1. Entity Name  
 IGLESIA EVANGELICA PENTECOSTAL DE MIAMI INCORPORATION

Principal Place of Business 9001 S.W. 77TH AVENUE APT. C610 MIAMI FL 33156	Mailing Address 9001 S.W. 77TH AVENUE APT. C610 MIAMI FL 33156
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**65-1061033**

Applied For	Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAGA REINALDO  
 12002 PASTEUR DRIVE  
 APT. 313  
 ORLANDO FL 32826 US

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 \_\_\_\_\_ DATE **09/07/2001**

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	D	<input type="checkbox"/> Delete
NAME	FEBLES EDITH A	
STREET ADDRESS	9001 S.W. 77TH AVENUE APT. C610	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NORTH LESLIE	
STREET ADDRESS	13506 N.E. 22ND COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FEBLES EDITH C	
STREET ADDRESS	9001 S.W. 77TH AVENUE APT. C610	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORAGA REINALDO	
STREET ADDRESS	12002 PASTEUR DRIVE APT. 313	
CITY-ST-ZIP	ORLANDO FL 32826	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA OSCAR W	
STREET ADDRESS	21112 N.E 5TH COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
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)(f), 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: REINALDO J MORAGA PD 09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**JEANNETTE BAEZ, DIRECTOR  
12002 PASTEUR DRIVE, APT 313**

**ORLANDO, FLORIDA 32826**

**EDUARDO LEIVA, DIRECTOR  
8271 SW 107 AVE., APT.B**

**MIAMI, FLORIDA 33173**