

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90356 012 ****61.25

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**

80015612



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1061033**

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

**BONETTA, ITALO
9001 S.W. 77TH AVENUE
APT. C610
MIAMI FL 33156**

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 *Edith A. Febles*

EDITH A. FEBLES

01/07/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **MORAGA, REINALDO**
STREET ADDRESS **12002 PASTEUR DRIVE APT. 313**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** Change Addition
NAME **ENEDINA MARTINEZ**
STREET ADDRESS **7421 CARLILE, APT 8-A**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **SD** Delete
NAME **LEIVA, EDUARDO**
STREET ADDRESS **8271 S.W. 107 AVE., APT. B**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **MENDOZA, OSCAR**
STREET ADDRESS **21112 N.E. 5TH COURT**
CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FEBLES, EDITH A**
STREET ADDRESS **9001 S.W. 77TH AVENUE APT. C610**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **P/D** Change Addition
NAME **EDITH A. FEBLES**
STREET ADDRESS **9001 S.W. 77TH AVENUE APT. C610**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** Delete
NAME **BAEZ, JEANNETTE**
STREET ADDRESS **12002 PASTEUR DRIVE, APT. 313**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FIGUEROA, TERESA D**
STREET ADDRESS **1666 WEST AVENUE, APT. 507**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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: *Edith A. Febles* **EDITH A. FEBLES**

1/08/03

305-535-2285

CR2E037 (10/02)