

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90058 027 ****66.25

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1. Entity Name

IGLESIA PENTECOSTAL UNA MIRANDA DE FE', INC.

MIRADA



Principal Place of Business

**4692 HOFFNER AVENUE
ORLANDO FL 32812**

Mailing Address

**4692 HOFFNER AVENUE
ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2311639**

Applied For

Not Applicable

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

**PEREZ, LUIS J
4692 HOFFNER AVENUE
ORLANDO FL 32812**

Name

Street Address (P.O. Box Number is Not Acceptable)

4692 HOFFNER ROAD

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

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 **D** ☐ Delete
NAME **PEREZ, LUIS J**
STREET ADDRESS **1564 LAWDALE CIRCLE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PEREZ, SARA M**
STREET ADDRESS **1564 LAWDALE CIRCLE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **APONTE, TRINIDAD**
STREET ADDRESS **13451 GLACIER NATIONAL DRIVE #2504**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **APONTE, TRINIDAD**
STREET ADDRESS **12208 URACUS ST**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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: *TRINIDAD A PONTE*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 (407) 393-2732

CR2E037 (10/02)