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Jul 04, 2002 8:00 am
Secretary of State
01-17-2002 90041 047 ****75.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003916

1. Entity Name

IGLESIA PENTECOSTAL MATEO 28:19 INC.

37646

Principal Place of Business	Mailing Address
1000 DEDDINGTON PL KISSIMMEE FL 34758	1000 DEDDINGTON PL KISSIMMEE FL 34758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3727955 ☐ 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
FIGUEROA, CARLOS 1000 DEDDINGTON PL KISSIMMEE FL 34758	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
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D CARLOS FIGUEROA PRESIDENT 1000 Deddington Pl. Kissmmee, Fl. 34758			
Carlos Figueroa- Secretary same address	☐ Delete		☐ Change ☐ Addition
T Victor Falcón 426 Reindeer Dr. Kissimmee 34759	☐ Delete		☐ Change ☐ Addition
T Carmen Falcon 426 Reindeer Dr. Kissimmee 34758	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-8-02 407-944-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

37640

#N01000003916

june 23, 2002

To; WHOM INTERESTED;
Division of Corporations,

The purpose of this letter is to let you know, that I ask for a certificate that you offer in the report, but I , do not recived it yet.

Please let me know if you need any further information.

Yours Sincerely,

Carlos Figueroa
Director

CF