

2005 UNIFORM BUSINESS REPORT (UBR)

0016346

DOCUMENT # N01000003916

1. Entity Name

IGLESIA PENTECOSTAL MATEO 28:19 INC.

FILED

05 APR -5 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1000 DEDDINGTON PL
KISSIMMEE FL 34758

1000 DEDDINGTON PL
KISSIMMEE FL 34758

2. Principal Place of Business

3. Mailing Address

54 UNCLE PETE RD. N. P.O. BOX 4552

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES City, FL

City & State

HAINES City, FL

Zip

33844

Country

Zip

33844

Country

U.S.A.

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. 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

After September 15, 2002,
this will be \$36.25

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 PSD
NAME FIGUEROA CARLOS
STREET ADDRESS 54 UNCLE PETE RD. N.
CITY-ST-ZIP HAINES City, FL 33844

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME FALCON VICTOR
STREET ADDRESS 426 REINDEER DR.
CITY-ST-ZIP KISSIMMEE, FL 34758

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME FALCON CARMEN
STREET ADDRESS 426 REINDEER DR.
CITY-ST-ZIP KISSIMMEE, FL 34758

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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: CARLOS FIGUEROA 3-29-05 863-419-2728

CR2E037 (4/02)