

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90033 036 \*\*\*\*\*66.25

**DOCUMENT # N02000003017**

1. Entity Name

**IGLESIA ARCA DE SALVACION, INC.**



Principal Place of Business

**46 NW 16 ST  
HOMESTEAD FL 33030**

Mailing Address

**13832 SW 282 TERR  
HOMESTEAD FL 33033**

2. Principal Place of Business

**1700 North Krome Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Homestead, FL**

City & State

Zip

**33030**

Country

**USA**

Zip

Country

4. FEI Number

**04-3597595**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GIBERT, DANIEL PASTOR  
13832 SW 282 TERR  
HOMESTEAD FL 33033**

7. Name and Address of New Registered Agent

Name

**- SAME -**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-19-03**

**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

TITLE **TP** ☐ Delete  
NAME **GIBERT, DANIEL PASTOR**  
STREET ADDRESS **13832 SW 282 TERR**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **TT** ☐ Delete  
NAME **GIBERT, GLORIA**  
STREET ADDRESS **13832 SW 282 TERR**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **TS** ☐ Delete  
NAME **LEON, DIANA**  
STREET ADDRESS **816 MOWRY DR, #809**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **TS**  
STREET ADDRESS **TOLEDO, DAYANA LEON**  
CITY-ST-ZIP **1418 E MOWRY DRIVE #101  
HOMESTEAD, FL 33030**

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

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

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 officers empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

**4-19-03 205-246-0888**

CR2E037 (10/02)