

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-13-2003 90074 044 ****61.25

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

DOCUMENT # N02000008719

1. Entity Name

IGLESIA PENTECOSTAL JESUS EL DIOS DE ABRAHAM IN C.



Principal Place of Business

454 NW 22ND AVE. #208
MIAMI FL 33133

Mailing Address

454 NW 22ND AVE. #208
MIAMI FL 33133

55055201

2. Principal Place of Business

454 NW 22ND AVE
#208 MIAMI FL 33133
MIAMI FL 33133

3. Mailing Address

454 NW 22ND AVE
#208 MIAMI FL 33133
MIAMI FL 33133

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

20-0012681

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

PELLON, HUGO A
3544 NW 12TH ST.
MIAMI FL 33125

MY HOME.

JESUS EL DIOS DE ABRAHAM
454 NW 22ND AVE
#208 MIAMI FL 33133
(CHURCH)

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

Hugo A. Pellon

8-10-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fee

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(f), 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

Hugo A. Pellon 8-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2037 (4/03)