

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 030 ****70.00

830321

DOCUMENT # N 04275
1. Entity Name
 IGLESIA METODISTA PENTECOSTAL DE CHILE EN LOS ESTADOS UNIDOS DE AMERICA, INC

Principal Place of Business **Mailing Address**
 8716 S.W. 103rd AVE 8716 S.W. 103rd AVE
 MIAMI FL 33173 MIAMI, FL, 33173

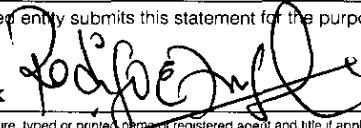
2. Principal Place of Business **3. Mailing Address**
 8716 SW 103 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 MIAMI, FL, 33173
City & State **City & State**
 MIAMI FLORIDA
Zip **Country** **Zip** **Country**
 33173 U.S.A.

4. FEI Number **Applied For**
 59-2530722 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ZUNIGA, RODRIGO
 8716 S.W. 103 AVE
 MIAMI, FL, 33173

7. Name and Address of New Registered Agent
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 x  **03-2-2000**
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 Department of State**

10. OFFICERS AND DIRECTORS

| | | | |
|-----------------------|----|-------------|---|
| TITLE | P | NAME | JAVIER VASQUEZ VALENCIA <input type="checkbox"/> Delete |
| STREET ADDRESS | | | Bernal Del Mercado 139 (REV) |
| CITY-ST-ZIP | | | 139 Estacion Central, Santiago, CHILE, SA |
| TITLE | VP | NAME | ZUNIGA RODRIGO (REV) <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 8716 S.W. 103rd AVE |
| CITY-ST-ZIP | | | MIAMI, FL, 33173 |
| TITLE | D | NAME | ZUNIGA, ERASMO <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 7120 S.W. 110 AVE |
| CITY-ST-ZIP | | | MIAMI, FL, 33173 |
| TITLE | D | NAME | GUTIERREZ MANUEL <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 845 WEST 75 ST |
| CITY-ST-ZIP | | | HIALEAH, FL, 33014 |
| TITLE | D | NAME | SOTO LUIS <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 8716 S.W. 103rd AVE |
| CITY-ST-ZIP | | | MIA MI, FL, 33173 |
| TITLE | | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|-----------------------|--|-------------|---|
| TITLE | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered.

SIGNATURE: x  **3/24/00** **305-273 8706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)