

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91562 027 \*\*\*\*70.00

**DOCUMENT # N04275**  
 1. Entity Name  
**IGLESIA METODISTA PENTECOSTAL DE CHILE EN LOS ES**

Principal Place of Business      Mailing Address  
**8716 SW 103RD AVE**      **8716 SW 103RD AVE**  
**MIAMI FL 33173**      **MIAMI FL 33173**  
**US**      **US**

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



DO NOT WRITE IN THIS SPACE

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

**6. Name and Address of Current Registered Agent**  
**ZUNIGA, RODRIGO**  
**8716 S.W. 103RD 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
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 <input type="checkbox"/> Delete
NAME	<b>VALENCIA, JAVIER V</b>
STREET ADDRESS	<b>BERNAL DEL MERCADO 139 ESTACION CENTRAL</b>
CITY-ST-ZIP	<b>SANTIAGO, CHILE</b>
TITLE	VP <input type="checkbox"/> Delete
NAME	<b>ZUNIGA, RODRIGO REV.</b>
STREET ADDRESS	<b>8716 S.W. 103RD AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ZUNIGA, ERASMO HON.</b>
STREET ADDRESS	<b>8716 S.W. 103RD AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SOTO, LUIS</b>
STREET ADDRESS	<b>8716 S.W. 103RD AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, MANUEL</b>
STREET ADDRESS	<b>8716 S.W. 103RD AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**      1/31/2000      130512738706

CR2E037 (10/00)