

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15550

1. Entity Name

IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90068 008 ****61.25

Principal Place of Business

3535 WEST 8TH AVE
 HIALEAH FL 33012

Mailing Address

3535 WEST 8TH AVE
 HIALEAH FL 33012-5145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2693147

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASTRO, HECTOR M.
 3535 W. 8TH AVE.
 HIALEAH FL 33012

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTRO, HECTOR M.	
STREET ADDRESS	3535 WEST 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTRO, CIRA A.	
STREET ADDRESS	3535 WEST 8TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAMORA, HUMBERTO	
STREET ADDRESS	6070 W 18 AVE APT 310	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARIA DE J. FELICIANO	
STREET ADDRESS	3535 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

HECTOR CASTRO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 (305) 820-0150

CR2E037 (9/99)