

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90119 023 \*\*\*\*61.25

**DOCUMENT # N15550**

1. Entity Name  
**IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.**



Principal Place of Business  
**3535 WEST 8TH AVE  
HIALEAH FL 33012**

Mailing Address  
**3535 WEST 8TH AVE  
HIALEAH FL 33012**

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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 M. Castro** *Hector M. Castro* **4-19-03** 305-820-0150

CR2E037 (10/02)