

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90199 002 ****75.00

DOCUMENT # N19302

1. Entity Name

IGLESIA PENTECOSTAL PALABRA ETERNA INC.



Principal Place of Business

**10021 S.W. 41 ST
MIAMI FL 33165
US**

Mailing Address

**10021 SW 41 ST
MIAMI FL 33165
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2662786**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAMIREZ, REBECA
3500 S.W. 130 AVE
MIAMI FL 33175**

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	PEDRO, MICHELENA	
STREET ADDRESS	140 SW 51 AVE.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMIREZ, REBECA	
STREET ADDRESS	3500 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RAMIREZ, XIOMARA	
STREET ADDRESS	10021 SW 41ST STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ISRAEL	
STREET ADDRESS	667 NW 131 AVE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, JULIO	
STREET ADDRESS	10021 SW 41 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ABEL	
STREET ADDRESS	3500 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33175	

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: *Xiomara Ramirez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03 (305) 599-0700

Date

Daytime Phone #

CR2E037 (10/02)