## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N23638** Sep 11, 2000 8:00 am Secretary of State 1. Entity Name IGLESIA PENTECOSTAL ROCA DE SALVACION, INC. 09-11-2000 90010 017 \*\*\*\*61.25 Mailing Address Principal Place of Business % EDGARDO H. GARCIA % EDGARDO H. GARCIA 3050 N.W. 96TH STREET 3050 N.W. 96TH STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0076817 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARCIA, EDGARDO H. 3050 N.W. 96TH STREET **MIAMI FL 33147** City Zip Code Fl 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITI F Change Addition 💢 Delete EdGARDO H GARCIA NAME GARCIA, ALMA C NAME STREET ADDRESS 3050 NW 96 ST STREET ADDRESS 3050 N.W CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** MIami X Delete TITLE Change GIRON, JUANA NAME NAME AIMA C STREET ADDRESS 17331 NW 53 AVE STREET ADDRESS N.W CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33053 D Delete TITLE z uana AIMA GARCIA NAME NAME N.W. 53 AVR STREET ADDRESS 3050 NW 96TH ST STREET ADDRESS 17331 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE TITLE □ Change Delete BERHUDRZ JUANA GIREN NAME NAME STREET ADDRESS 17331 NW 53RD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33055 CAROL CITY FL Delete BRHAM. ☐ Change Addition TITLE GUSTAUD NAME 505 NW.172 TORKA NAME STREET ADDRESS STREET ADDRESS II 33053 Yiami' CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5.00

305.694.1403

Daytime Phone #

CRZEC