

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 265 44

1. Entity Name

Misiones Pentecostales Latinoamericanas, Inc.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91406 028 ****61.25

Principal Place of Business

1710 NW 7 Street
Miami, FL 33125

Mailing Address

2. Principal Place of Business

3. Mailing Address

4320 NW 198 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0089439

Applied For

Not Applicable

Zip

Country

Zip
33055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Emiliano Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
4320 NW 198 Terr.

City
Miami

FL

Zip Code
33055

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

Emiliano Gonzalez

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Emiliano Gonzalez		
STREET ADDRESS	4320 NW 198 Terr		
CITY-ST-ZIP	Miami, FL 33055		
TITLE	Vice-President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Miranda Gonzalez		
STREET ADDRESS	4320 NW 198 Terr		
CITY-ST-ZIP	Miami, FL 33055		
TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Francisco J. Rios		
STREET ADDRESS	430 NW 103 Terrace		
CITY-ST-ZIP	Pembroke Pines, FL 33026		
TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Deborah Rios		
STREET ADDRESS	430 NW 103 Terrace		
CITY-ST-ZIP	Pembroke Pines, FL 33026		
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:

Emiliano Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

CR2E037 (9/99)