

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90143 002 \*\*\*\*61.25

**DOCUMENT # N26544**

1. Entity Name

**MISIONES PENTECOSTALES LATINOAMERICANAS, INC.**

Principal Place of Business

Mailing Address

C/O EMILIANO GONZALEZ  
 1710 NW 7TH STREET  
 MIAMI FL 33125

C/O EMILIANO GONZALEZ  
 4320 NW 198TH TERRACE  
 MIAMI FL 33055

31127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0089439

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GONZALEZ, EMILIANO  
 4320 NW 198TH TERRACE  
 MIAMI FL 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

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  
 NAME PD  
 STREET ADDRESS GONZALEZ, EMILIANO  
 CITY-ST-ZIP 4320 NW 198 TERRACE  
 CAROL CITY FL ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME VD  
 STREET ADDRESS GONZALEZ, HIRALDINA  
 CITY-ST-ZIP 4620 NW 198 TERRACE  
 CAROL CITY FL ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME S  
 STREET ADDRESS ORTIZ, EDUARDO  
 CITY-ST-ZIP 1732 NW 7TH ST  
 MIAMI FL ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME TD  
 STREET ADDRESS CEBALLOS, DEBORAH  
 CITY-ST-ZIP 11940 SW 12 STREET  
 PEMBROKE PINES FL ☒ Delete

TITLE  
 NAME TD  
 STREET ADDRESS Rios, Deborah  
 CITY-ST-ZIP 430 NW 103 Terrace  
 Pembroke Pines, FL 33026 ☒ Change ☐ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME FRANCISCO J. RIOS  
 STREET ADDRESS 4130 NW 103 TERR. DIRECTOR  
 CITY-ST-ZIP PEMBROKE PINES - FL 33026 ☐ Change ☒ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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  
 DATE 01-07-01 (305) 621-4286  
 DAYTIME PHONE #

CR2E037 (10/00)