

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N32220**

1. Entity Name

IGLESIA DE DIOS "PUERTA DE SALVACION", INC.

Principal Place of Business

**11440 NW 7TH AVENUE
MIAMI FL 33168
US**

Mailing Address

**1310 N.W. 132 TERRACE
MIAMI FL 33167-1721
3371 SW 175 Ave
Miami FL 33024**

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

65-0122123

Applied For

Not Applicable

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

**RIVERA, VICTOR M.
1310 N.W. 132ND TERRACE
MIAMI FL 33167**

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.

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 ☐ Delete
NAME **PD**
STREET ADDRESS **RIVERA, VICTOR M.**
CITY-ST-ZIP **1310 N.W. 132 TERRACE
MIAMI FL**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **VIVERA, ABRAHAM M**
CITY-ST-ZIP **1255 NE 178 ST
N MIAMI BEACH FL**

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **MARIA E. MENA**
CITY-ST-ZIP **550 N.W. 137 ST.
N. MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **S.D. Lainez**
STREET ADDRESS **Julio Lainez**
CITY-ST-ZIP **1170 N.W. 140TH AVE
Miami FL 33168**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **LUCY RODRIGUEZ**
CITY-ST-ZIP **15007 N.W. 6 AVE., APT. 117
N. MIAMI FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PEREZ, NEFTALI**
CITY-ST-ZIP **7682 W. 34 LN 202
HIALEAH FL 33018**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CARLOS GIL**
CITY-ST-ZIP **2240 N.E. 172 ST.
N. MIAMI BCH FL**

TITLE ☐ Change ☐ 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:

Victor M. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2000
Date

(954) 443-4609
Daytime Phone #

CR2E037 (9/99)