## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE** 

## May 17, 2001 8:00 ams Secretary of State DOCUMENT # N32220 1. Entity Name 05-17-2001 91311 011 \*\*\*\*70.00 IGLESIA DE DIOS "PUERTA DE SALVACION", INC. Principal Place of Business Mailing Address 3371 SW 175TH AVE 657590 11440 NW 7TH AVENUE MIAMI FL 33168 MIRAMAR FL 33029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0122123 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \*RIVERA. VICTOR\*M. 1310 N.W. 132ND TERRACE MIAMI FLX9167 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete RIVERA, VICTOR M. NAME STREET ADDRESS 1310 N.W. 132 TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change Addition VD TITLE ☐ Delete TITLE VIVERA, ABRAHAM M NAME NAME 1255 NE 178 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL Julio LAINEZ 1170 N.W. 140TERR ▶ Addition Delete TITLE TITLE MARIA E. MENA NAME NAME STREET ADDRESS STREET ADDRESS 550 N.W. 137-ST. 1411000 1 71.33166 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL TD ☐ Addition TITLE ☐ Change ☐ Delete TITLE **LUCY RODRIGUEZ** NAME NAME STREET ADDRESS 15007 N.W. 6 AVE., APT. 117 STREET ADDRESS CITY-ST-7IP N. MIAMI FL CITY-ST-ZIP \_\_\_\_ Change VICTOR ARCE Addition Delete TITLE TITLE 227 IN. W. 11955 PEREZ. NEFTALI NAME NAME Bidy#1 7682 W. 34 LN 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 ☐ Addition D Change TITLE .... Delete TITLE **CARLOS GIL** NAME NAME 2240 N.E. 172 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N. MIAMI BCH FL 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 trystee 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.

**FILED**