

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90097 010 ****70.00

DOCUMENT # N47838

1. Entity Name

REDIMIDOS POR LA SANGRE DE JESUS ASAMBLEAS DE DI
OS, PENTECOSTES INC.

Principal Place of Business

Mailing Address

16008 SW 153RD ST
INDIANTOWN FL 34956

P.O BOX 2085
INDIANTOWN FL 34956

2. Principal Place of Business

16008 SW 153rd Street
Suite, Apt. #, etc.

3. Mailing Address

PO Box 2085
Suite, Apt. #, etc.

City & State

Indiantown, FL

City & State

Indiantown, FL

4. FEI Number

65-0333637

Applied For

Not Applicable

Zip

34956

Country

USA

Zip

34956

Country

USA

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

ESTRADA, CARMEN
15817 SW 151 ST.
INDIANTOWN FL 34956

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 PD ☐ Delete
NAME ESTRADA, CARMEN
STREET ADDRESS 1757 SE AIRES LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE TD ☒ Delete
NAME ANTONIO, MIGUEL
STREET ADDRESS 15006 SW JACKSON AVE.
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE SD ☐ Delete
NAME MARTINEZ, MARIA
STREET ADDRESS 14528 SW MARTIN AVENUE
CITY-ST-ZIP INDIANTOWN FL 34956

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE TD ☐ Change ☒ Addition
NAME Martinez, Maria
STREET ADDRESS 15358 SW 150th Street
CITY-ST-ZIP Indiantown, FL 34956

TITLE SD ☒ Change ☐ Addition
NAME Martinez, Maria
STREET ADDRESS 15358 SW 150th Street
CITY-ST-ZIP Indiantown, FL 34956
(address only)

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

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

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 (561) 597-1777
Date Daytime Phone #

CR2E037 (9/01)