

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90182 041 \*\*\*\*70.00

**DOCUMENT # N51396**

1. Entity Name

**IGLESIA AMOR Y PAZ, INC.**

Principal Place of Business

Mailing Address

**4305 N MICHIGAN AVE  
 FT. MYERS FL 33905**

**17 LOUISIANA RD.  
 LEHIGH ACRES FL 33936**

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LEHIGH ACRES, FL**

4. FEI Number

**65-0373950**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33936**

**Lee**

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

**SANTIAGO, NEHEMIAS  
 17 LOUISIANA RD.  
 LEHIGH ACRES FL 33936**

Name

**DOMINGO SANTIAGO**

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

**14 LOUISIANA ROAD**

City

**LEHIGH ACRES**

FL

Zip Code

**33936**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOMINGO SANTIAGO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**DOMINGO SANTIAGO 7-3-02**

**After September 13, 2002,  
 min. will be \$236.25.**

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	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTIAGO, CELESTE</b>	
STREET ADDRESS	<b>17 LOUISIANA RD.</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SANTIAGO, ABEL</b>	
STREET ADDRESS	<b>17 LOUISIANA RD</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTIAGO, IRENE</b>	
STREET ADDRESS	<b>17 LOUISIANA RD</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
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	<b>MIRIAM SANTIAGO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>14 LOUISIANA ROAD</b>	
STREET ADDRESS	<b>LEHIGH ACRES, FL</b>	
CITY-ST-ZIP	<b>33936</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>REMIGIA MONTALVO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>49 ANDORA STREET</b>	
STREET ADDRESS	<b>LEHIGH ACRES, FL</b>	
CITY-ST-ZIP	<b>33936</b>	
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: **SANTIAGO SANTIAGO**

**7-3-02**

**239-369-7542**

CR2E037 (4/02)