

03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 21 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **EL PODER DEL MILAGRO**
1. Entity Name
N920 0000 257 DE DIOS
IGLESA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
218 Santillane Ave - Suite #1 / P.O. Box 14307
Suite, Apt. #, etc.
SUITE #1

3. Mailing Address
218 Santillane Ave - Suite #1 / P.O. Box 14307
Suite, Apt. #, etc.
SUITE #1

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables FLA
City & State
Coral Gables FLA

4. FEI Number
Applied For
☒ Not Applicable

Zip
33134
Country
MIAMI-

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LUIS LORENZO
Street Address (P.O. Box Number is Not Acceptable)
218 Santillane Ave. -
SUITE 1
City
CORAL GABLES FL Zip Code
33134

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 **X** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **5/1/2003**

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LUIS LORENZO
218 SANTILLANE
CORAL GABLES, FLA. 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
LUIS LOPEZ
9321 SW 100 AVE. Rd
Miami, FLA. 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500019582685
05/21/03--01014--001 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
CARLOS ROS
4800 SW 87th Ave. -
Miami, FLA. 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like employment.

SIGNATURE: **X** **LUIS LORENZO** 5/1/2003 (305) 445-6355

CR2E037B (12/02)