

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/5

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90033 032 \*\*\*\*61.25

**DOCUMENT # N92000000827**

1. Entity Name

**IGLESIA EVANGELICA LUTERANA "SAN PABLO APOSTOL"**

Principal Place of Business

Mailing Address

10700 SW 56TH ST.  
 MIAMI FL 33165

10700 SW 56TH ST.  
 MIAMI FL 33165-7044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0366190**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUERTO, JOSE G**  
 11715 SW 18TH ST.  
 MIAMI FL 33175

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          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | REAL, VICTOR            |  |
| STREET ADDRESS | 11257 NW 6TH TERR       |  |
| CITY-ST-ZIP    | MIAMI FL 33172          |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ARIAS, JULIO            |  |
| STREET ADDRESS | 11075 NW 126 CT         |  |
| CITY-ST-ZIP    | MIAMI FL 33182          |  |
| TITLE          | S                       | <input type="checkbox"/> Delete            |
| NAME           | BELLO, MARI             |  |
| STREET ADDRESS | 10816 N KENDALL DR R-12 |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> Delete |
| NAME           | DELGADO, CARMELO        |  |
| STREET ADDRESS | 782 NW 134 AVE          |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | ROBINSON, DALE          |  |
| STREET ADDRESS | 6811 SW 48TH TERRACE    |  |
| CITY-ST-ZIP    | MIAMI FL                |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | DELGADO, F E            |  |
| STREET ADDRESS | 782 NW 134 AVE          |  |
| CITY-ST-ZIP    | MIAMI FL 33182          |  |

|                |                             |   |
|----------------|-----------------------------|---|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           | Isidro Lopez                |   |
| STREET ADDRESS | 14941 SW 82TH Apt. 205      |   |
| CITY-ST-ZIP    | Miami, FL 33193             |   |
| TITLE          | VP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           | Bruce Karcher               |   |
| STREET ADDRESS | 9741 SW 145 AVE             |   |
| CITY-ST-ZIP    | Miami, FL 33186             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| TITLE          | T                           | <input type="checkbox"/> Change <input type="checkbox"/> Additor            |
| NAME           | Karen Lopez                 |   |
| STREET ADDRESS | 14941 SW 82TH Apt. 205      |   |
| CITY-ST-ZIP    | Miami, FL 33193             |   |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           | Gervanir Herlle             |   |
| STREET ADDRESS | 9179 Fontainebleau Blvd. #3 |   |
| CITY-ST-ZIP    | Miami, FL 33172             |   |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME           | Neil Down Jr.               |   |
| STREET ADDRESS | 2690 SW 155 Ave             |   |
| CITY-ST-ZIP    | Miami, FL 33193             |   |

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #