

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002463**

1. Entity Name

MOVIMIENTO IGLESIA CRISTIANA PENTECOSTAL INC.

Principal Place of Business

**3019 N. PINE HILLS RD.
ORLANDO FL 32808**

Mailing Address

**3019 N. PINE HILLS RD.
ORLANDO FL 32808**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **55-3218454**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****PORTALATIN, NESTOR R
3019 N. PINE HILLS RD.
ORLANDO FL 32808****7. Name and Address of New Registered Agent**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PORTALATIN, NESTOR R | |
| STREET ADDRESS | 3417 JAMISON DR | |
| CITY-ST-ZIP | APOPKA FL 32703 | |

| | | |
|----------------|---------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | FIGUEROA, ELBA L | |
| STREET ADDRESS | 516 HEBRIDES COURT | |
| CITY-ST-ZIP | APOPKA FL 32712 | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, ISABEL | |
| STREET ADDRESS | 3400 LONDONDERRY BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32808 | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULA PORTILLO | |
| STREET ADDRESS | 3013 PELL MELL DR. | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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: **NESTOR R. PORTALATIN**

1/20/02 (407) 292-5906

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90031 005 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)