

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-13-2003 90652 040 ***61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**PORTALATIN, NESTOR R
3019 N. PINE HILLS RD.
ORLANDO FL 32808**

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

SIGNATURE

Nestor R. Portalatin

(NOTE: Registered Agent signature required when reinstating)

1/7/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PORTILLO, PAULA	
STREET ADDRESS	3013 PELL MELL DR	
CITY-ST-ZIP	ORLANDO FL 32878	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Angelo Albino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7631 Silver Crown Ct	
STREET ADDRESS	Orlando FL 32818	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03
Date

(407) 592-5906
Daytime Phone #

CR2E037 (10/02)