## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 08, 2001 8:00 am 8 Secretary of State DOCUMENT # N93000002538 IGLESIA PENTECOSTAL UNIDA, INCORPORATED 02-08-2001 90180 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 985 S.W. 67TH AVENUE 985 S.W. 67TH AVENUE MIAMI FL 33144 114000 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0273861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUITERREZ. RODOLFO** 5161 SW 142 COURT **MIAMI FL 33175** 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 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME **GUTIERREZ, RODOLFO** STREET ADDRESS STREET ADDRESS 5161 SW 142 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME ABREU, DAISY STREET ADDRESS 1157 W. 42ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 SD Delete ☐ Change TITLE TITLE Addition BRACHO, REONER S. NAME **GUTIERREZ, AMY** NAME STREET ADDRESS STREET ADDRESS 13ZZ WYZPAG 5161 SW 142 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Delete TITLE Change ☐ Addition TITLE NAME ABREU. FELIX NAME STREET ADDRESS STREET ADDRESS 1157 WEST 42ND STREET CITY-ST-ZIP CITY-ST-7IP HIALEAH FL TITLE SD ☐ Delete TITLE Change ☐ Addition NAME **GUTIERREZ. ANY** NAME STREET ADDRESS STREET ADDRESS 5161 SW 142 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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 endowered 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-265-5064