

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90131 044 \*\*\*\*70.00

**DOCUMENT # N93000002538**

1. Entity Name

**IGLESIA PENTECOSTAL UNIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**985 S.W. 67TH AVENUE  
 MIAMI FL 33144**

**985 S.W. 67TH AVENUE  
 MIAMI FL 33144**

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

**65-0273861**

Applied For

Not Applicable

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

**GUTIERREZ, RODOLFO  
 5161 SW 142 COURT  
 MIAMI FL 33175**

Name

**Steven Well**

Street Address (P.O. Box Number is Not Acceptable)

**8014 SW 135th Court**

City

**miami**

**FL**

Zip Code

**33183**

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**  Delete  
 NAME **GUTIERREZ, RODOLFO**  
 STREET ADDRESS **5161 SW 142 CT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **P**  Change  Addition  
 NAME **Steven Well**  
 STREET ADDRESS **8014 SW 135th court**  
 CITY-ST-ZIP **miami, FL 33183**

TITLE **VP**  Delete  
 NAME **ABREU, DAISY**  
 STREET ADDRESS **1157 W. 42ND STREET**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VP**  Change  Addition  
 NAME **marzia well**  
 STREET ADDRESS **8014 SW 135th court**  
 CITY-ST-ZIP **miami, FL 33183**

TITLE **SD**  Delete  
 NAME **BRACHO, LENNER S**  
 STREET ADDRESS **1322 W 42ND PLACE**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD**  Change  Addition  
 NAME **Daisy Abrev**  
 STREET ADDRESS **1157 West 42nd street**  
 CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **D**  Delete  
 NAME **ABREU, FELIX**  
 STREET ADDRESS **1157 WEST 42ND STREET**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GUTIERREZ, ANY**  
 STREET ADDRESS **5161 SW 142 COURT**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D**  Change  Addition  
 NAME **Leoner Bracho**  
 STREET ADDRESS **1322 W. 42nd street**  
 CITY-ST-ZIP **Hialeah, FL 33012**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

CR2E037 (9/01)