

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


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91063 043 ****70.00

0026196

DOCUMENT # N93000002538

1. Entity Name
IGLESIA PENTECOSTAL UNIDA, INCORPORATED



Principal Place of Business
**985 S.W. 67TH AVENUE
MIAMI FL 33144**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WELL, STEVEN
8014 SW 135TH COURT
MIAMI FL 33183**

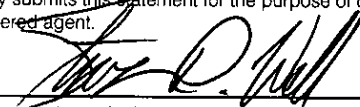
7. Name and Address of New Registered Agent

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

SIGNATURE  DATE **03/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WELL, STEVEN | |
| STREET ADDRESS | 8014 SW 135TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WELL, MARZIA | |
| STREET ADDRESS | 8014 SW 135TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ABREU, DAISY | |
| STREET ADDRESS | 1157 WEST 42ND STREET | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ABREU, FELIX | |
| STREET ADDRESS | 1157 WEST 42ND STREET | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRACHO, LEONER | |
| STREET ADDRESS | 1322 W 42ND STREET | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| 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 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:  **Steven D. Well** DATE **03/13/03** PHONE **305-975-6636**

CP2E037 (10/02)