

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003925

1. Entity Name

IGLESIA CRISTIANA PRIMITIVA "PUERTA DE SALVACION

Principal Place of Business

857 PALM AVENUE
HIALEAH FL 33012
US

Mailing Address

10090 N.W. 80 COURT
#1304 BLDG. 8
HIALEAH FL 33016-2255
US

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

65-0433303

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

CEDRE, RAQUEL
1540 NE 171 ST
N MIAMI BCH FL 33162

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARROCAS, JOSE 10090 N.W. 80 CT. #1304 BLDG 8 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARROCAS, JEMIMAH 10090 N.W. 80 CT. #1304 BLDG 8 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, CEICILIA M 1200 E. 3 AVE HIALEAH GARDENS FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICHOT, DOLORES 640 MILLER DRIVE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, WILLIAM 12789 S.W. 280 ST. NARANJA FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

305-826-7913

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90192 014 ****70.00