

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90135 030 \*\*\*\*70.00

**DOCUMENT # N93000005415**

1. Entity Name

**IGLESIA PENTECOSTAL ANTIOQUIA INC.**

Principal Place of Business

Mailing Address

1764 W. FLAGLER STREET  
 #1764  
 MIAMI FL 33135  
 US

1764 W. FLAGLER STREET  
 #1764  
 MIAMI FL 33135-2017  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0443426**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NIEVES, ROMANA**  
**621 NW 23RD CT APT #2**  
**MIAMI FL 33125**

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	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, MARGARITA	
STREET ADDRESS	7530 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<del>HERREDA, LUIS</del>	
STREET ADDRESS	<del>145 N.W. 28TH STREET</del>	
CITY-ST-ZIP	<del>MIAMI FL 33127</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NIEVES, ROMANA	
STREET ADDRESS	621 NW 23RD CT APT #2	
CITY-ST-ZIP	MIAMI FL	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL A. Sanchez	
STREET ADDRESS	7530 Johnson St. Hollywood, FL,	
CITY-ST-ZIP	33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Diablo	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Sanchez	
STREET ADDRESS	7530 Johnson St. Hollywood,	
CITY-ST-ZIP	FL 33024	
TITLE	Vocal	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esther Sanchez	
STREET ADDRESS	Hollywood, FL, 33024	
CITY-ST-ZIP	7530 Johnson St.	
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)