

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/0

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-07-2001 90003 016 ****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
 US

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

Juan Sanchez

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

7530 JOHNSON ST

City

Hollywood

FL

Zip Code

33024

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

04/27/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contributor ☐

\$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 | HERRERA, LUIS | |
| STREET ADDRESS | 148 N.W. 28TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33127 | |
| TITLE | SD | <input checked="" 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|---|
| TITLE | Co-pastor | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Margarita Sanchez | |
| STREET ADDRESS | 7530 JOHNSON ST, HOLLYWOOD, FL 33024 | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Romana Nieves | |
| STREET ADDRESS | 621 NW 23RD CT APT #2 | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Juan Sanchez | |
| STREET ADDRESS | 7530 JOHNSON ST | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 | |
| TITLE | Pastor | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Manuel A. Sanchez | |
| STREET ADDRESS | 7530 JOHNSON ST | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 + (954) 989-6360

CR2E037 (10/00)