

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90522 001 *****8.75
 04-26-2000 90522 002 *****61.25

DOCUMENT # N94000000422

1. Entity Name

IGLESIA PENTECOSTAL MISION DE LOS 70'S, INC.

Principal Place of Business

Mailing Address

IGLESIA PENTECOSTAL MISION DE LOS 70 INC
 1434 NW 116 ST.
 MIAMI FL 33167

40 GERALDO HERNANDEZ
 PO BOX 681398
 MIAMI-FL 33167
 US

2. Principal Place of Business

SAME ABOVE

3. Mailing Address

P.O. Box 681398



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

4. FEI Number

65-0461125

Applied For

Not Applicable

Zip

Country

33167-1398 DADE

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

HERNANDEZ, GERARDO
1434 NW 116 STREET
MIAMI FL 33167

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:
FEES 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	DP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GERARDO	
STREET ADDRESS	1434 NW 116 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, VIRGINIA	
STREET ADDRESS	1434 NW 116 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CONTRERAS, ESTEBAN	
STREET ADDRESS	1434 NW 116 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gerardo Hernandez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (305-688-8852) **DAYTIME**

Date

Daytime Phone #