2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90027 014 ****61.25

DOCUMENT # N94000001675

1. Entity Name

IGLESIA AMOR DIVINO, ASAMBLEAS DE DIOS, INC.

Principal Place of Business	Mailing Address
~~7910 N.W. 103RD STREET~~ ~~HIALEAH GARDENS FL~~	~~1810 S.W 99TH AVE~~ ~~MIRAMAR FL 33025-1812~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8010 NW 103 ST	5540 N W 183 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS, FL	City & State: MIAMI FL
Zip: 33016 Country: USA.	Zip: 33055 Country: USA.

4. FEI Number: 65-0578403 ☐ 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
MIRANDA, LUIS REV. ~~1810 S.W. 99TH AVENUE~~ ~~MIRAMAR FL 33025~~ 5540 N W 183 ST MIAMI, FL. 33055	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 _____ DATE

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRANDA, LUIS 5540 NW 183 ST MIAMI FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIRANDA, NORMA R. 5540 NW 183 ST MIAMI FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUENO, MARIA 1621 FONTANBLEAU BLVD APT ~~304~~ 307 MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1621 FONTANBLEAU BLVD. APT 307 MIAMI FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANCISCO, RICO J 3010 N.W. 36 ST., B218 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 _____ April 27-00 (305)622-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #