2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9400001675 1. Entity Name IGLESIA AMOR DIVINO, ASAMBI FAS DE DIOS, INC.

FILED Sep 05, 2001 8:00 am Secretary of State 09-05-2001 90027 001 ****70.00

			´ (ı	(A)			
Principal Pla	ace of Business	Mailing Address		9 9			
8010 NW 103 ST HIALEAH GARDENS FL		5540 NW 183 ST MIAMI FL 33055 US					
2. Principal	Place of Business	3. Mailing Address					
Cuito Ani	 						JE 601 0 13) 1961
Suite, Apt.		Suite, Apt. #, etc.		DO	O NOT WRITE IN THIS	S SPACE	
City & Stat	ite	City & State		4. FEI Number 65-	-0578403		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status		\$8.75 Add	ditional
	6. Name and Address of Current	t Registered Agent		7. Name and Address		Fee Require d Agent	<u>.d</u>
			Name		-		
	MIRANDA, LUIS REV.			ess (P.O. Box Number is Not	Acceptable)		
5540 NW MIAMI FL	W 183 ST FL 33055						
Min merit	L 30000		City		FI	Zip Cod	e
8. The above	re named entity submits this statement for	or the purpose of changing its	registered office or regi	istered agent, or both, in the		<u> </u>	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees Make Check Payable to Department of State			•
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES T	TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRANDA, LUIS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRANDA, NORMA R.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		العلاي بيضا ومرب المساعدة	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUENO, MARIA	□ Delete APT 307	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCISCO, RICO J	Æ Delete	TITLE 7	TREASURER 10SE MARQ 921 W OKEEO ALEAH GARDEN	QNEZ CHOBEE K, FL 33	2 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	21	Change	Addition
TITLE	J	☐ Delete	TITLE			☐ Change	☐ 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.

REDILLING MICHADA