

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 026 ****75.00

DOCUMENT # N94000001675

1. Entity Name
IGLESIA AMOR DIVINO, ASAMBLEAS DE DIOS, INC.



Principal Place of Business
**8010 NW 103 ST
HIALEAH GARDENS FL**

Mailing Address
**5540 NW 183 ST
MIAMI FL 33055
US**

2. Principal Place of Business

3. Mailing Address

7864 NW 192 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FLORIDA

Zip

Country

Zip

Country

33015

MIAMI-DADE

4. FEI Number **65-0578403**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIRANDA, LUIS REV.
5540 NW 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MIRANDA, LUIS**
STREET ADDRESS **5540 NW 183 ST**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **PD** ☒ Change ☐ Addition
NAME **MIRANDA LUIS**
STREET ADDRESS **7864 NW 192 ST**
CITY-ST-ZIP **HIALEAH, FL. 33015**

TITLE **VD** ☐ Delete
NAME **MIRANDA, NORMA R.**
STREET ADDRESS **5540 NW 183 ST**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **VD** ☒ Change ☐ Addition
NAME **MIRANDA, NORMA R.**
STREET ADDRESS **7864 NW 192 ST.**
CITY-ST-ZIP **HIALEAH, FL. 33015**

TITLE **S** ☒ Delete
NAME **BUENO, MARIA**
STREET ADDRESS **1621 FOUNTAINBLEAU BLVD, APT 307**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **S** ☐ Change ☒ Addition
NAME **VERGEL NEISY**
STREET ADDRESS **1140 W 74 ST APT #101**
CITY-ST-ZIP **HIALEAH, FL. 33014**

TITLE **T** ☐ Delete
NAME **MARQUEZ, JOSE**
STREET ADDRESS **9921 W OKEECHOBEE RD 227**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **T** ☒ Change ☐ Addition
NAME **MARQUEZ, JOSE**
STREET ADDRESS **12714 SW 49 CT**
CITY-ST-ZIP **MIAMI, FL. 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

April 29-03 (305) 829-8869

CR2E037 (10/02)