

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002303

1. Entity Name

SANTIDAD PENTECOSTAL CENTRO DE FE' DEL SUR DE DA

Principal Place of Business

15623 SW 297 TERRACE
LEISURE CITY FL 33033

Mailing Address

15623 SW 297 TERRACE
LEISURE CITY FL 33033

2. Principal Place of Business

29800 SW 153 CT

3. Mailing Address

29800 SW 153 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leisure City

City & State

Leisure City

Zip

33033

Country

Zip

33033

Country

4. FEI Number

65-0562067

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

TORRES, FRANCISCO
15623 SW 297 TERRACE
LEISURE CITY FL 33033

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:
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
DP
TORRES, FRANCISCO
15623 SW 297TH TERRACE
LEISURE CITY FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Enrique ROSA
14440 SW 295 STREET
Leisure City, FL 33033 ☐ Change ☒ Addition
Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PEREZ, JUANA L
15200 SW 184 STREET
MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Cesar Tabilo
20201 SW Frank Rd
Miami, FL 33089 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PEREZ, JOSE S
15200 SW 184 STREET
MIAMI FL 33187 ☐ 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

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01

(305) 796-6698

Date

Daytime Phone #

CR2E037 (10/00)

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