

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90091 043 ****61.25

DOCUMENT # N95000002345

1. Entity Name

IGLESIA EL SINAI, ASAMBLEA DE DIOS, INC.

Principal Place of Business

Mailing Address

**1801-B PORT MALABAR BLVD., N.E.
 PALM BAY FL 32905**

**P.O. BOX 60037
 PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3565482

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

**LUGO, LUIS F REV.
 1801-B PORT MALABAR BLVD., N.E.
 PALM BAY FL 32905**

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 PD ☐ Delete
 NAME LUGO, LUIS F REV.
 STREET ADDRESS 1639 FANNIN AVE. N.W.
 CITY-ST-ZIP PALM BAY FL

TITLE SD ☒ Change ☐ Addition
 NAME KATHY BORGES
 STREET ADDRESS 1100 EMERSON DR NE.
 CITY-ST-ZIP PALM BAY, FL 32907

TITLE D ☒ Delete
 NAME PERLONI, GILBERTO
 STREET ADDRESS 1749 GLENRIDGE STREET NW
 CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☒ Change ☐ Addition
 NAME INES AGOSTO
 STREET ADDRESS 847 LAMPLIGHTER DR.
 CITY-ST-ZIP PALM BAY, FL 32907

TITLE TD ☐ Delete
 NAME IRIZARRY, LUIS
 STREET ADDRESS 110 FRANTE STREET, N.E.
 CITY-ST-ZIP PALM BAY FL

TITLE D ☐ Change ☒ Addition
 NAME BENNY ROLDAN
 STREET ADDRESS 128 SAN JUAN CR.
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D ☐ Delete
 NAME REYES, ALFREDO
 STREET ADDRESS 1060 ZAMORA ST SE
 CITY-ST-ZIP PALM BAY FL 32909

TITLE D ☐ Change ☒ Addition
 NAME ROBERTO GONZALEZ
 STREET ADDRESS 456 WATERCRESS ST
 CITY-ST-ZIP GEBASTIAN, FL 32958

TITLE SD ☒ Delete
 NAME RODRIGUEZ, MARICARMEN E
 STREET ADDRESS 806 WALPOLE RD SW
 CITY-ST-ZIP PALM BAY FL 32908

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

TITLE D ☒ Delete
 NAME RIVERA, AMPARO
 STREET ADDRESS 168 RACHEL STREET APT 3
 CITY-ST-ZIP MELBOURNE FL 32901

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

321-634-6028

Daytime Phone #

CR2E037 (9/01)