

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90210 018 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N 95000003926  
**1. Entity Name**  
 IGLESIA PENTECOSTAL SOL DE JUSTICIA INC.

**Principal Place of Business** 1506 W. MICHIGAN ST.  
 ORLANDO FL. 32805  
**Mailing Address** (PEDRO RODRIGUEZ)  
 5307 GROVE CROSSING BLVD  
 ORLANDO FL. 32839

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 Suite, Apt. #, etc.  
**City & State**  
**City & State**  
**Zip** **Country** **Zip** **Country**

**4. FEI Number** **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 REV. PEDRO RODRIGUEZ  
 5307 GROVE CROSSING BLVD.  
 ORLANDO FL, 32839

**7. Name and Address of New Registered Agent**  
**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**

**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**

TITLE	ALBERTO CRESPO <input type="checkbox"/> Delete
NAME	4575 SOUTH TEXAS AVE.
STREET ADDRESS	APT. 201 ORLANDO FL. 32839
CITY-ST-ZIP	
TITLE	SANTA CRESPO <input type="checkbox"/> Delete
NAME	4575 SOUTH TEXAS AVE.
STREET ADDRESS	APT. 201 ORLANDO FL. 32839
CITY-ST-ZIP	
TITLE	PEDRO RODRIGUEZ <input type="checkbox"/> Delete
NAME	5307 GROVE CROSSING BLVD.
STREET ADDRESS	ORLANDO FL, 32839
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Pedro Rodriguez* **4-21-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (9/99)