

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005711

1. Entity Name

IGLESIA PENTECOSTAL SENDERO DE LUZ, INC.

Principal Place of Business

200 W 21 ST
HIALEAH FL 33010
US

Mailing Address

466 NE 210TH CIRCLE TERRACE APT.101
NO. MIAMI FL 33179

2. Principal Place of Business

SAME

3. Mailing Address

141 N.E. 209 TERRA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33179

DADE

4. FEI Number

65-0627627

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

FLORES, RIGOBERTO PASTOR
466 NE 210TH CIRCLE TERRACE APT.101
NO. MIAMI FL 33179

Name

FLORES, RIGOBERTO (PASTOR)

Street Address (P.O. Box Number is Not Acceptable)

141 NE 209 TERRA

City

MIAMI

FL

Zip Code

33179

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
NAME FLORES, RIGOBERTO PASTOR ☐ Delete
STREET ADDRESS 200 W 21 ST
CITY-ST-ZIP HIALEAH FL

TITLE SD- ☐ Change ☒ Addition
NAME VANEGAS CESAR
STREET ADDRESS 200 W. 21 ST
CITY-ST-ZIP HIALEAH FL 33010

TITLE TD ☐ Delete
NAME FLORES, YINA
STREET ADDRESS 466 NE 210 CIRCLE TERRACE # 101
CITY-ST-ZIP MIAMI FL 33179

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

TITLE SD ☒ Delete
NAME MASIS, MARIA
STREET ADDRESS 795 WEST 78TH STREET
CITY-ST-ZIP HIALEAH FL 33014

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

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: X REQUIRED

4-26-02 (305) 651-8331

CR2E037 (9/01)