

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90045 029 \*\*\*\*70.00

**DOCUMENT # N96000002892**

1. Entity Name

**IGLESIA CONGREGACIONAL DE DIOS PENTECOSTAL, INC.**

*R*

Principal Place of Business

Mailing Address

**235 NW 35TH ST  
 MIAMI FL 33010**

**235 NW 35TH ST  
 MIAMI FL 33127-3438**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0683235**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, ENRIQUE  
 235 NW 35TH ST  
 MIAMI FL 33010**

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	<b>PPD</b>	<input type="checkbox"/> Delete
NAME	<b>REYES, ENRIQUE</b>	
STREET ADDRESS	<b>235 NW 35TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33010</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>UMANA, ANA</b>	
STREET ADDRESS	<b>235 NW 35TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33010</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>REYES, ROSE M</b>	
STREET ADDRESS	<b>235 NW 35TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33010</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>EICARD, JORGE</b>	
STREET ADDRESS	<b>235 NW 35TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33010</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Enrique Reyes* **ENRIQUE REYES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-28-00** [305] 962-1571

Date

Daytime Phone #

CR2E037 (9/99)