

# 2000 UNIFORM BUSINESS REPORT (UBR)

001811

DOCUMENT # N96000003055

1. Entity Name

IGLESIA PENTECOSTAL EL MILENIO, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAY 19 PM 12:42

Principal Place of Business 1117 US 1 NORTH SEBASTIAN FL 32958 US	Mailing Address 456 WATERCREST ST SEBASTIAN FL 32958-5549 US
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DO NOT WRITE IN THIS SPACE

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 65-0695082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATISTA, MARCOS REV. 456 WATERCREST ST SEBASTIAN FL 32958		7. Name and Address of New Registered Agent Name: <i>Rev. Marcos Batista</i> Street Address (P.O. Box Number is Not Acceptable): <i>456 Watercrest St</i> City: <i>Sebastian</i> FL Zip Code: <i>32958</i>	
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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: *Marcos Batista* DATE: *April 1, 2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BATISTA, MARCOS REV STREET ADDRESS: 456 WATERCREST STREET CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Belinda Cambos STREET ADDRESS: 445 - 51st. Ave. N CITY-ST-ZIP: VERO BEACH FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: BATISTA, EVELYN STREET ADDRESS: 456 WATERCREST STREET CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: 000003279040 NAME: -06/06/00--01108--003 STREET ADDRESS: *****66.25 CITY-ST-ZIP: *****66.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: COLON, FROILAN STREET ADDRESS: 641 NOBLES STREET CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>8/6/1</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MACHADO, MARIA STREET ADDRESS: 456 WATERCREST STREET CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>8/6/1</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FLORES, ALFREDO STREET ADDRESS: 1684 ASHBORO CITY-ST-ZIP: PALM BAY FL 32909	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>8/6/1</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ARANDA, ROSA STREET ADDRESS: 2026 S.W. 7 CT. STREET CITY-ST-ZIP: VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>8/6/1</i>	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marcos Batista* DATE: *April, 00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21:017 (1/99)