

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90012 049 \*\*\*\*61.25

004413

**DOCUMENT # N96000003056**

1. Entity Name

**IGLESIA PENTECOSTAL EL POZO DE JACOBO, INC.**

*(Handwritten initials)*

Principal Place of Business

938 S.W. 119TH PL.  
 MIAMI FL 33184

Mailing Address

938 S.W. 119TH PL.  
 MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0683673**

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

**SUAREZ, PATRICIO**  
**938 S.W. 119TH PL.**  
**MIAMI FL 33184**

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	<input type="checkbox"/> Delete
NAME	SUAREZ, PATRICIO	
STREET ADDRESS	938 S.W. 119TH PL.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADARIAGA, YOLANDA	
STREET ADDRESS	8001 W 6 AVE #H	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CACERES, SEGUNDO	
STREET ADDRESS	8001 W. 6 AVE #H	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: *(Handwritten Signature)* JURED

6/15/01 3052261269

CR2E037 (10/00)