2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2000 8:00 am Secretary of State DOCUMENT # **N96000004325**  Entity Name IGLESIA CRISTIANA PENIEL, INC. 02-28-2000 90119 001 \*\*\*\*61.25 GARCIA Principal Place of Business Mailing Address 530 SW 62ND TERRACE 482 NW 69TH AVE MARGATE FL 33063 MARGATE FL 33068-1727 2. Principal Place of Business 3. Mailing Address 487 N.M. 68 530 Sw. 62 Tenn. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0695744 mang *しみ凡GATE* Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARCIA, LUIS 530 SW 62ND TERRACE MARGATE FL 33608 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change PD ☐ Defete TITLE NAME GARCIA, LUIS STREET ADDRESS STREET ADDRESS 530 SW 62ND TERRACE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33608 Addition ☐ Change ☐ Delete TITLE TITLE. NAMÉ BARRIOS, SECUNDINO NAME STREET ADDRESS STREET ADDRESS 6605 WINFIELD BLVD 30 CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33063 ☐ Change Addition TITLE ☐ Delete NAME NAME **BARRIOS, LURIS** STREET ADDRESS STREET ADDRESS 6605 WINFIELD BLVD 30 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Delete ☐ Change Addition TITLE TITLE NAME GUILLERMINA, ORTIZ STREET ADDRESS STREET ADDRESS 11720 ROYAL PALM BLVD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition ☐ Delete TITLE TITLE NAME NAME OSWALDO, ORTIZ STREET ADDRESS STREET ADDRESS 4567 NE 9TH AVE 8 CITY-ST-ZIP CiTY-ST-ZIP POMPANO BCH FL 33064 ☐ Change Addition ☐ Delete TITLE TITLE NEREIDA, APONTE NAME NAME STREET ADDRESS STREET ADDRESS 5510 LAKESIDE DR 202 CITY-ST-7IP Margate FL 33063 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: