

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000004959**

1. Entity Name **Concilio Pentecostal de Dias Inc.**

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 036 ****61.25

Principal Place of Business **859 Ballard St Apt I**
Altamonte Springs FL 32701

Mailing Address **P.O. Box 151501**
Altamonte Springs FL 32715-1501

2. Principal Place of Business **859 Ballard St.**
Suite, Apt. #, etc. **Apt I**

3. Mailing Address **P.O. Box 151501**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Altamonte Springs FL**

City & State **Altamonte Springs FL**

Zip **32701** Country **Seminole**

Zip **32715** Country **Seminole**

4. FEI Number **59-3401717**

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

REV. JAMUEL FIGUEROA
859 Ballard St. Apt I
Altamonte Springs FL 32701

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 **4-21-00**

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 **P** ☐ Delete

NAME **REV. SAMUEL FIGUEROA**

STREET ADDRESS **859 Ballard St. Apt I**

CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE ☐ Change ☒ Addition

NAME **REV. LUCAS NIEVES**

STREET ADDRESS **6618 Hiwassee meadows dr.**

CITY-ST-ZIP **Orlando FL 32818**

TITLE **S/T** ☐ Delete

NAME **RUTH M. FIGUEROA**

STREET ADDRESS **859 Ballard St. Apt. I**

CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** ☐ Delete

NAME **REV. JUAN FIGUEROA**

STREET ADDRESS **Calle 26 L10 Villa Roca**

CITY-ST-ZIP **MOROVIS P.R. 00687**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: **Rev. J. Figueroa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 407-834-5791

Date Daytime Phone #

CR2E037 (9/99)