

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91164 028 ****61.25

0087593

DOCUMENT # N96000006324

1. Entity Name

IGLESIA METODISTA PRIMITIVA EN LOS ESTADOS UNIDOS DE AMERICA, INC.

Principal Place of Business

Mailing Address

~~3800 SW 137 PLACE
OCALA FL 34473~~

*3928 SW 138th
Ocala, FL 34473*

~~3800 SW 137 PLACE
OCALA FL 34473~~

*P.O. Box 11157
Ocala, Florida
34473*

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

59-3597265

Applied For

Not Applicable

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

**MIGUEZ, MARITABETH
121 MARION OAKS LANE
OCALA FL 34423**

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	D	<input type="checkbox"/> Delete
NAME	SILVA, ANASTACIO	
STREET ADDRESS	2770 SW 153 PLACE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIEVES, JUSIUS	
STREET ADDRESS	14512 SW 39TH STREET ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOTOMAYOR, MELBA	
STREET ADDRESS	3900 SW 138TH PLACE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, AMELIA	
STREET ADDRESS	3835 SW 138TH STREET	
CITY-ST-ZIP	OCALA FL 34473	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Verberto Sanchez</i>	
STREET ADDRESS	<i>13670 SW 4th Ct. Rd.</i>	
CITY-ST-ZIP	<i>Ocala, Florida 34473</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Carmon Gonzalez</i>	
STREET ADDRESS	<i>5132 SW 155 Loop</i>	
CITY-ST-ZIP	<i>Ocala, Florida 34473</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Don Nicolas Collado</i>	
STREET ADDRESS	<i>3928 SW 138th Place</i>	
CITY-ST-ZIP	<i>Ocala, Florida 34473</i>	
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:

Maritabeth Miguez
SIGNATURE REQUIRED

March 26/02

352347-7194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)