

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000655

1. Entity Name

IGLESIA PABELLON PENTECOSTAL DE LUZ Y VIDA, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90069 001 *****8.75

01-19-2000 90069 002 *****61.25

Principal Place of Business

Mailing Address

5763 CURRY FORD RD
ORLANDO FL 32807
US

4005 BERLIN COURT
ORLANDO FL 32822-7677

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

68-1215865

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

AYALA, ANGEL L
4005 BERLIN COURT
ORLANDO FL 32822

Name
SAME PERSON.

Street Address (P.O. Box Number is Not Acceptable)

N/A

N/A

City

N/A

FL

Zip Code

N/A

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

SAME PERSON.

01/07/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP | VP AYALA, ROSENDA 4005 BERLIN COURT ORLANDO FL 32822 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROSADO, JUAN 3297 WINDY WD DR ORLANDO FL 32812 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AYALA, ANGEL L REV 4005 BERLIN CT ORLANDO FL 32822 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MERCED, EVELYN 539 CYPRESS TREE CT ORLANDO FL 32825 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR RAMOS, FRANK 6350 BROOKHILL CIR ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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:

REV. ANGEL L. AYALA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

Daytime Phone #

(407) 382-1341

CR2E037 (9/99)

RECEIVED
JAN 19 2000
Ans'd. Jmm