

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90118 038 \*\*\*\*70.00

**DOCUMENT # N97000002322**

1. Entity Name

**IGLESIA EL PODER DEL EVANGELIO, INC.**

Principal Place of Business

10780 W. FLAGLER ST.  
 SUITE 8  
 MIAMI FL 33174

Mailing Address

11325 S.E. 3 ST.  
 MIAMI FL 33174-1107

2. Principal Place of Business

10780 W. FLAGLER ST  
 Suite, Apt. #, etc. 8

3. Mailing Address

11325 SW 3rd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

Miami, FL

4. FEI Number

65-0748743

Applied For

Not Applicable

Zip

33174

Country

Zip

33174

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO  
 11325 SW 3ST  
 MIAMI FL 33174

7. Name and Address of New Registered Agent

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

PEDRO GONZALEZ

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  Delete  
 NAME GONZALEZ, PEDRO  
 STREET ADDRESS 11325 SW 3 ST  
 CITY-ST-ZIP MIAMI FL 33174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VTD  Delete  
 NAME SILVA, JOSE E  
 STREET ADDRESS 11325 SW 3 ST.  
 CITY-ST-ZIP MIAMI FL 33174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME PENA, BARBARA  
 STREET ADDRESS 11325 SW 3 ST.  
 CITY-ST-ZIP MIAMI FL 33174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

226-9515

Daytime Phone #

CR2F037 (9/99)