

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90146 010 ***61.25

DOCUMENT # N97000004911

1. Entity Name
**IGLESIA EVANGELICA PENTECOSTAL
JEHOVA-NISI, INC.**



Principal Place of Business
**10740 SOUTHWEST 190 STREET
UNIT 6
MIAMI, FL 33177**

Mailing Address
**10740 SOUTHWEST 190 STREET
UNIT 6
MIAMI, FL 33177**

70028340

2. Principal Place of Business
10711 S.W.

3. Mailing Address
11750 S.W.

Suite, Apt. #, etc.
216 ST. UNIT-123

Suite, Apt. #, etc.
177 TERR.

City & State
MIAMI Florida

City & State
MIAMI Florida

Zip
33179

Country
DA DE

Zip
33177

Country
DA DE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0777393

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVA, RITA A
11750 S.W. 177TH TERR
MIAMI, FL 33177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rita A. Silva*

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

(NOTE: Registered Agent signature required when instituting)

03/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SILVA, RITA A
10740 SE 190 ST, UNIT 6
MIAMI, FL 33177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SILVA, FELIX N
10740 SE 190 ST, UNIT 6
MIAMI, FL 33177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SANCHEZ, MIGUEL A
10740 SE 190 ST, UNIT 6
MIAMI, FL 33177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SILVA RITA A.
10711 S.W. 216 ST. UNIT-123
MIAMI Florida 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SILVA FELIX N.
10711 S.W. 216 ST. UNIT-123
MIAMI Florida 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Miguel A Sanchez
10711 S.W. 216 ST. UNIT-123
MIAMI Florida 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rita A. Silva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03 (305) 803-3555

Cell

Careline Phone #

CFR2E037 (10/02)