

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-27-2001 90368 013 ****61.25

DOCUMENT # N97000005750			
1. Entity Name IGLESIA PENTECOSTAL UNIDA TABERNACULO DE VIDA, I			
Principal Place of Business 10225 SW 24TH STREET APT B-122 MIAMI FL 33165		Mailing Address 10225 SW 24TH STREET APT B-122 MIAMI FL 33165	
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 65-0788031		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALTODANO, LEOPOLDO 11230 SW 5 STREET MIAMI FL 33164		7. Name and Address of New Registered Agent Name Jorge A. Valle Jr. Street Address (P.O. Box Number is Not Acceptable) 10225 SW 24 ST B.122 City Miami FL Zip Code 33165	
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 Jorge A. Valle Jr. Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating) DATE 5-28-01	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE, JORGE A 10225 SW 24TH STREET MIAMI FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BALRODANO, LEOPORDO 11230 SW 5 ST MIAMI FL 33164 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jorge A. Valle Jr. 10225 SW 24 St. B.122 MIAMI FL 33165 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, ROBERTO A 2001 SW 13 AVE MIAMI FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Gonzalez Roberto A. 2001 SW 13 AVE MIAMI FL 33145 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-22-01-305-2078511 Date Daytime Phone #	

CR2E037 (10/00)