

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90020 014 ****61.25

DOCUMENT # N98000000321

1. Entity Name

IGLESIA VIDA ABUNDANTE PENTECOSTAL INC.

Principal Place of Business

Mailing Address

**301 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

**301 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

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

65-0811180

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

**PIO, ANTONIO L
 1810 W 56 ST. #3301
 HIALEAH FL 33012**

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 Delete
 NAME **PD PIO, ANTONIO L**
 STREET ADDRESS **1810 W 56 ST. 3301**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PIO, CARIDAD E**
 STREET ADDRESS **1810 W 56 ST. 3301**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PIO, GABRIEL**
 STREET ADDRESS **1175 NE 183 ST**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE Change Addition
 NAME **SD PIO GABRIEL**
 STREET ADDRESS **1571 SW 194 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Delete
 NAME **TD ABREU, ALBERTO**
 STREET ADDRESS **8190 NW 99 ST.**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE Change Addition
 NAME **TD ABREU ALBERTO**
 STREET ADDRESS **18145 SW 5CT.**
 CITY-ST-ZIP **Pembroke Pines, FL. 33029**

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 OF ANTONIO L. PIO**

01-14-02 305-823-5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)