

2001 UNIFORM BUSINESS REPORT (UBR)

1/31

FILED
Feb 27, 2001 8:00 am
Secretary of State

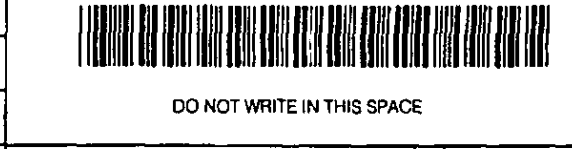
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DOCUMENT # N98000000394
 1. Entity Name
IGLESIA PENTECOSTAL ARCA DE BENDICION, INC.

Principal Place of Business Mailing Address
6830 N HABANA AVE **6830 N HABANA AVE**
TAMPA FL 33614 **TAMPA FL 33614**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. #9805 Cedar St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, Florida
 Zip Country Zip Country
33635 **Hillsborough**



6. Name and Address of Current Registered Agent
MARTINEZ, FRANCISCO
8202 OLIVEWOOD PLACE
TAMPA FL 33615

4. FEI Number Applied For
59-3488866 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 FL Zip Code **33635**

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 *Hector L. Cruzado* **Hector L. Cruzado Pres** **January 18, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, FRANCISCO 8202 OLIVEWOOD PLACE TAMPA FL 33615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEMAN, BLANCA 6816 S DAUPHIN AVE TAMPA FL 33611 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARREGAL, ALAN 6115 N ARMENIA AVE TAMPA FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Cruzado, Héctor L. #9805 Cedar St. Tampa, Florida 33605 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. #3311 St. Conrad St. Tampa, Florida 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Rodriguez, Marisol #3816 A. Cortéz Dr. Tampa, Florida 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. Espinel, Carlos F. D. 12101 N. Dale Mabry Hwy. Apt 404 Tampa, Florida 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Espinel-Mendez, Lucy P. 12101 N. Dale Mabry Hwy. Apt 404 Tampa, Florida 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. Manzano, Alba D. #1015 E. Flora St. Tampa, Florida 33604 <input type="checkbox"/> Change <input checked="" 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 *Hector L. Cruzado* **Hector L. Cruzado** **January 18, 2001** **806-1768** (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E037 (10/00)