2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 08, 2001 8:00 am Secretary of State DOCUMENT # N9800003161 1. Entity Name IGLESIA DE DIOS "FUENTE INAGOTABLE", INC. 02-14-2001 90017 004 ****61.25 08-08-2001 90011 032 ****70.00 Principal Place of Business Mailing Address 6570 GRIFFIN RD 6240 FUNSTON ST. #103, 104 HOLLYWOOD FL 33023 UPPLOCUE DAVIE FL 33314 2. Principal Place of Business Mailing Address 53 NU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0854345 Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) NINO, LUIS M 6240 FUNSTON ST. # HOLLYWOOD FL 33023 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Change TITLE Addition NINO, MARIA NAME NAME **6240 FUNSTON ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition GORRITZ, MARIA D NAME NAME STREET ADDRESS 6240 FUNSTON ST STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33023 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ. ANGEL H NAME NAME STREET ADDRESS **6240 FUNSTON ST** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME -

STREET ADDRESS

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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 poon is true and a courage and that my signature shall have the same legal effect as if plade under oath; that I am an officer or director of the corporation or the receiver or trusked empowered to expecute this report or 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 ap address, with all other like empowered.

Change

2001

☐ Addition

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NAME

☐ Delete

CEQUIRED

STREET ADDRESS

STREET ADDRESS

SIGNATURE

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TITLE

NAME