

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006964

1. Entity Name

IGLESIA PENTECOSTAL UNIDOS EN SU AMOR, INC

Principal Place of Business

603 DEL PRADO BLVD
A
CAPE CORAL FL 33990

Mailing Address

406 NE 14 PLACE
CAPE CORAL FL 33909

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

65-0890127

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSORIO, TOMAS
406 NE 14 PLACE
CAPE CORAL FL 33909

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

After September 13, 2000 min. will be \$236.25

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 D
NAME OSORIO, TOMAS REV.
STREET ADDRESS 406 NE 14TH PL
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE (S)
NAME Aurea Carmova
STREET ADDRESS 704 R 46th Terr Cape Coral FL 33904 ☐ Change ☒ Addition

TITLE D
NAME OSORIO, LUCIA
STREET ADDRESS 406 NE 14 PL
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE J
NAME Fernando Sepulveda
STREET ADDRESS 406 NE 14th PL Cape Coral FL 33909 ☐ Change ☒ Addition

TITLE D
NAME DIAZ, JORGE L
STREET ADDRESS 330 SE 37TH ST
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

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

TITLE T
NAME DIAZ, SANDRA E
STREET ADDRESS 1330 SE 37TH ST
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

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

TITLE T
NAME EVANS, IDA
STREET ADDRESS 815 VICTORIA DR APT 206
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

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

TITLE
NAME Luz Carrasquil
STREET ADDRESS 13290 McGregor Blvd
CITY-ST-ZIP Fort Myers FL 33919 ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

(941) 242-2219

Daytime Phone #

CR2E037 (5/00)