

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007364

1. Entity Name

MINISTERIOS IGLESIA ORACION Y ALABANZA PENTECOST

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90106 007 ****61.25

Principal Place of Business

Mailing Address

1654 NW 35 STREET
MIAMI FL 33142

1654 NW 35 STREET
MIAMI FL 33142-5586

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

65-0889335

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

DE ARCHAGA, ELENA V
1654 NW 35 STREET
MIAMI FL 33142

Name

ELENA VALLADARES

Street Address (P.O. Box Number is Not Acceptable)

1652 NW 35 Street

City

Miami

FL

Zip Code
33142

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

04-16-00

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 D
STREET ADDRESS DE ARCHAGA, ELENA V
CITY-ST-ZIP 3321 NW 22 AVE #10
MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS VALLADARES ELENA
CITY-ST-ZIP 1652 NW 35 St
Miami Florida 33142 CORRECT NAME

TITLE ☐ Delete
NAME VD
STREET ADDRESS ARCHAGA, TERCICIO
CITY-ST-ZIP 3321 NW 22 AVE #10
MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME VD
STREET ADDRESS JOSE TORRES
CITY-ST-ZIP 261 NW 35 Street
Miami FL 33127

TITLE ☐ Delete
NAME TD
STREET ADDRESS TORRES, CLAUDINA
CITY-ST-ZIP 1410 NW 39 STREET
MIAMI FL 33142

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS GIRON, DIANA
CITY-ST-ZIP 6840 SW 19 TERR
MIAMI FL 33155

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-00

(305) 635-1163

Date

Daytime Phone #

CR2E037 (9/99)