

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007364

1. Entity Name

MINISTRIOS IGLESIA ORACION Y ALABANZA PENTECOSTES INC
PRAYER AND WORKSHIP PENTECOSTAL CHURCH INC.

FILED

01 MAY -9 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5559 NW 29 Ave
Miami FL 33142

P.O. Box 420516
Miami FL 33242

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

DO NOT WRITE IN THIS SPACE

04/18/01 90344 001 \$65.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELENA VALLADARES
3085 NW 57 Street
Miami FL 33142

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)

05-03-01

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 D
NAME ELENA VALLADARES
STREET ADDRESS 3085 NW 57 Ave
CITY-ST-ZIP Miami FL 33142 ☐ Delete

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

TITLE VD
NAME Torres Jose
STREET ADDRESS 261 NW 35 St
CITY-ST-ZIP Miami FL 33142 ☐ Delete

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

TITLE TD
NAME Torres Claudia
STREET ADDRESS 1410 NW 39t
CITY-ST-ZIP Miami FL 33142 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME TD Alex Mejia
STREET ADDRESS 75192 NE 13 St
CITY-ST-ZIP Miami FL 33137

TITLE SD
NAME Giron Diana
STREET ADDRESS 6840 SW 19 Terrace
CITY-ST-ZIP Miami FL 33155 ☐ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-03-01

Date

Daytime Phone #

305-635-1277

CR2E037 (11/00)