2003 UNIFORM BUSINESS REPORT (UBR)

2002 Non Profit Organization

DOCUMENT #

1. Entity Name

N98000007364

MINISTERIOS
IGLESIA ORACION Y ALABANZA PENTECOSTES

03 MAY 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3531 NW 15 Ave. Miami Fl. 33142	P.O. BOX 10343 Miami Fl. 33101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3531 NW 15 ave.	P.O. Box
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Fl.
Zip: 33142 Country: Dade	Zip: 33101 Country: Dade

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

ELENA VALLADARES
9831 SW 4th Street
Miami Fl. 33174

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director P Elena Valladares 9831 SW 4 Street Miami Fl. 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800016670238 04/22/03--01061--002 **65.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Director Gumercindo Batista 3760 NW 13 Place Miami Fl. 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure D. Hernanda Hernando 1829 NW 15 Street Miami Fl. 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 04-16-03