

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90229 050 *****75.00

DOCUMENT # N99000001474

1. Entity Name

IGLESIA CRISTIANA PENTECOSTAL ELIM INC.

Principal Place of Business

12763 SW 280TH STREET
 NARANJA FL 33032

Mailing Address

12763 SW 280TH STREET
 NARANJA FL 33032-8522

2. Principal Place of Business

25510 SW 125 CT.

Suite, Apt. #, etc.

3. Mailing Address

25510 SW 125 CT.

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33032

Country

USA

City & State

Homestead, FL

Zip

33032

Country

USA

4. FEI Number

65-0580942

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, AGUSTIN
12763 SW 280TH STREET
NARANJA FL 33032

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

FILE NOW:
FEES 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, AGUSTIN	
STREET ADDRESS	25510 SW 125 COURT	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORSINO, ERNA	
STREET ADDRESS	15260 SW 298 TERR.	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AYALA, CEMIN	
STREET ADDRESS	15260 SW 298 TERR.	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RIVERA, NILDA M	
STREET ADDRESS	25510 SW 125 COURT	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	José F. Ortiz	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14262 SW 160TH	
STREET ADDRESS	MIAMI, FL 33177	
CITY-ST-ZIP		
TITLE	NEREIDA ESTEVES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	30115 SW 152 CT	
STREET ADDRESS	Leisure City, Homestead, FL 33033	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/00 3052573542

CR2E037 (9/99)