

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001474

1. Entity Name

IGLESIA CRISTIANA PENTECOSTAL ELIM INC.

Principal Place of Business

25510 SW 125 CT  
HOMESTEAD FL 33032

Mailing Address

25510 SW 125 CT  
HOMESTEAD FL 33032

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

65-0580942

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

LOPEZ, AGUSTIN  
12763 SW 280TH STREET  
NARANJA FL 33032

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

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 PD  
NAME LOPEZ, AGUSTIN  
STREET ADDRESS 25510 SW 125 COURT  
CITY-ST-ZIP PRINCENTON FL 33032 ☐ Delete

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

TITLE SD  
NAME ORTIZ, JOSE F  
STREET ADDRESS 14262 SW 160 TERRACE  
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

TITLE TD  
NAME ESTEVES, NEREIDA  
STREET ADDRESS 30115 SW 152 CT  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

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

TITLE VPD  
NAME RIVERA, NILDA M  
STREET ADDRESS 25510 SW 125 COURT  
CITY-ST-ZIP PRINCETON FL 33032 ☐ 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

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

3/28/01

Date

(305) 257-3547

Daytime Phone #

CR2E037 (10/00)

0034118

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90053 043 \*\*\*\*61.25

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