

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90108 024 \*\*\*\*70.00

**DOCUMENT # N99000001951**  
 1. Entity Name  
**ETERNAL WORD OF LIFE OF THE ASSEMBLIES OF GOD, I**

Principal Place of Business <b>2810 WEST 11TH AVENUE HIALEAH FL 33010</b>	Mailing Address <b>2810 WEST 11TH AVENUE HIALEAH FL 33010-1109</b>
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2. Principal Place of Business <b>1234 W. 31 St.</b>	3. Mailing Address <b>1234 W. 31 St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Hialeah, FL.</b>	City & State <b>Hialeah, Fl.</b>	4. FEI Number <b>65-0910521</b>	Applied For <input type="checkbox"/> Not Applied
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ACOSTA, EFRAIN F**  
**6165 W. 22ND COURT**  
**APARTMENT #202**  
**HIALEAH FL 33016**

**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 \_\_\_\_\_ (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**

TITLE <b>PD</b>	NAME <b>ACOSTA, EFRAIN F</b>	STREET ADDRESS <b>6165 W. 22ND COURT, APT. #202</b>	CITY-ST-ZIP <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete
TITLE	NAME <b>SD</b>	STREET ADDRESS <b>PAUL, HENRY C</b>	CITY-ST-ZIP <b>7552 W. 29TH WAY</b>	<input type="checkbox"/> Delete
TITLE	NAME <b>TD</b>	STREET ADDRESS <b>GARCIA, CLAUDIO A</b>	CITY-ST-ZIP <b>2720 W. 63RD PL., APT. #201</b>	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Acosta, Efrain F. **SIGNATURE REQUIRED** *[Signature]* **01-28-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #