

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002314

1. Entity Name

IGLESIA PENTECOSTAL COLUMNAS DE FUEGO, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90207 037 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1672 NW 17TH AVENUE  
MIAMI FL 33125

1672 NW 17TH AVENUE  
MIAMI FL 33125-2345

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

☒ 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

BELTRES, JUNIOR PASTOR  
1672 NW 17TH AVENUE  
MIAMI FL 33125

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 ☐ Delete  
NAME BELTRES, JUNIOR  
STREET ADDRESS 300 N.E. 118TH TERR  
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE VTD ☒ Delete  
NAME BELTRES, ANGELA  
STREET ADDRESS 300 N.E. 118TH TERR  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D ☒ Change ☐ Addition  
NAME BELTRES, ANGELA  
STREET ADDRESS 300 N.E. 118 TERRACE  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE D ☒ Delete  
NAME VEGA, MARCO A  
STREET ADDRESS 1672 NW 17TH AVENUE  
CITY-ST-ZIP MIAMI FL 33125

TITLE V/T/S/D ☒ Change ☐ Addition  
NAME VEGA MARCO A.  
STREET ADDRESS 1536 N.E. 111 St #1  
CITY-ST-ZIP NORTH MIAMI, FL 33161

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

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 all other like empowered.

SIGNATURE: *Junior A. Beltres* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000

Date

(305) 895-3723

Daytime Phone #

CR2E037 (9/99)