

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90431 024 \*\*\*\*75.00

DOCUMENT # **N99000002634**

1. Entity Name

**IGLESIA BAUTISTA LIBRE ALBEDRIO "SHALOM" INC.**

Principal Place of Business

Mailing Address

**575 WEST 69TH ST  
 APT. 308  
 HIALEAH FL 33014**

**575 WEST 69TH ST  
 APT. 308  
 HIALEAH FL 33014-4910**

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

**65-0930769**

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

**MARTIN, NELVA  
 55 NW 48TH PLACE  
 MIAMI FL 33126**

Name **ADOLFO PANDIELLO**

Street Address (P.O. Box Number is Not Acceptable)

**575 W 69 ST. APTO. 308**

City **HIALEAH**

**FL.**

**FL**

Zip Code **33014**

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

*Adolfo Pandiello*  
 Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-09-2000**

**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	<b>PASTOR - PRESIDENTE</b>	<input type="checkbox"/> Delete
NAME	<b>ADOLFO PANDIELLO</b>	
STREET ADDRESS	<b>575 W 69 ST. APTO. 308</b>	
CITY-ST-ZIP	<b>HIALEAH, FL. 33014</b>	
TITLE	<b>VICE-PRESIDENTE</b>	<input type="checkbox"/> Delete
NAME	<b>AUGUSTO GONZALEZ</b>	
STREET ADDRESS	<b>575 W 69 ST. APT. 305</b>	
CITY-ST-ZIP	<b>HIALEAH, FL. 33014</b>	
TITLE	<b>SECRETARIO</b>	<input type="checkbox"/> Delete
NAME	<b>RAUL GUZMAN</b>	
STREET ADDRESS	<b>1225 W 49 PL APTO. #1</b>	
CITY-ST-ZIP	<b>HIALEAH, FL. 33012</b>	
TITLE	<b>TESORERA</b>	<input type="checkbox"/> Delete
NAME	<b>ASELA VALLE</b>	
STREET ADDRESS	<b>355 E 16 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH - FL. 33010</b>	
TITLE	<b>DIACONO - VOCAL</b>	<input type="checkbox"/> Delete
NAME	<b>JOSE VALLE</b>	
STREET ADDRESS	<b>355 E. 16 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH - FL. 33010</b>	
TITLE	<b>DIACONISA - VOCAL</b>	<input type="checkbox"/> Delete
NAME	<b>EMMA GONZALEZ</b>	
STREET ADDRESS	<b>605 W 68 ST. APTO. 32</b>	
CITY-ST-ZIP	<b>HIALEAH - FL. 33014</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 in 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: *Adolfo Pandiello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-24-2000 (305) 698-9267**  
 Date Daytime Phone #

CR2E037 (9/99)