

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90059 005 \*\*\*\*70.00

**DOCUMENT # N99000003719**

1. Entity Name

**IGLESIA PODER PENTECOSTAL INC**

Principal Place of Business

Mailing Address

**190 EAST 5 STREET  
HIALEAH FL 33010**

**1000 WEST 28ST.  
APT #1  
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

**8008 NW 103 ST**

**6030 NW 186 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**107**

City & State

City & State

**HIALEAH GARDENS FL**

**MIAMI GARDENS, FL**

Zip

Country

Zip

Country

**33016**

**DADE**

**33015**

**DADE**

4. FEI Number

**65-0930178**

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

**CORTES, REINALDO  
1000 WEST 28 STREET  
APT.1  
HIALEAH FL 33010**

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

*Reinaldo Cortes*

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 **CORTES, REINALDO**  
STREET ADDRESS **1000 WEST 28 STREET APT 1**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE **VPD** ☐ Delete  
NAME **CABUS, JORGE**  
STREET ADDRESS **1600 NW 119 STREET #227**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☒ Change ☐ Addition  
NAME **Guillermo E. Cortes**  
STREET ADDRESS **285 NW 46 AVE**  
CITY-ST-ZIP **MIAMI, FLA 33126**

TITLE **SD** ☐ Delete  
NAME **CORTES, MARTHA J**  
STREET ADDRESS **1000 WEST 28 STREET APT. 1**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE **TD** ☐ Delete  
NAME **ROSARIO, MARIA**  
STREET ADDRESS **2659 OKEECHOBEE RD**  
CITY-ST-ZIP **HIALEAH FL 33010**

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:**

*Reinaldo Cortes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/02 (305) 430 09 14**  
Date Daytime Phone #

CR2E037 (9/01)