

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004710

1. Entity Name

IGLESIA PENTECOSTAL, ARCA DE REFUGIO, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90005 035 ****61.25

Principal Place of Business

37344 LOCK ST.
 DADE CITY FL 33525

Mailing Address

37344 LOCK ST.
 DADE CITY FL 33525

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

MERCED, OMAYRA

~~5530 16TH ST~~

~~ZEPHYRHILLS FL 33549~~

Name

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

38138 BUFORD AVE

DADE CITY, FLA 33525

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

After September 13, 2000 min. will be \$236.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
P
JUANITA BURGOS
38149 HOWARD AVE.
DADE CITY, FLA 33525

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
V.P.
Robert MERCED
38138 Buford Ave
DADE CITY, FLA 33525

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
T.
DAVID MERCED
15029 MARION AVE
DADE CITY, FLA 33525

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
S.
OMAYRA MERCED
38138 Buford Ave
DADE CITY, FLA 33525

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
D
MANUEL A. BURGOS SR.
38149 HOWARD AVE.
DADE CITY, FLA 33525

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
D
Jesus M. BURGOS
38138 Buford Ave
DADE CITY, FLA 33525

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/00 (352) 518-5615

Date Daytime Phone #

CR2E037 (5/00)