

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004710

1. Entity Name

IGLESIA PENTECOSTAL, ARCA DE REFUGIO, INC.

FILED

Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90060 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

37344 LOCK ST.  
DADE CITY FL 33525

37344 LOCK ST.  
DADE CITY FL 33525

2. Principal Place of Business

37344 Lock St

3. Mailing Address

37344 Lock St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

33523

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERCED, Omayra  
38138 BUFORD AVE  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Eileene Burgos

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

38138 Buford Ave

Dade City

City

FL

Zip Code

33525

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

Eileene Burgos

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BURGOS, JUANITA	
STREET ADDRESS	38149 HOWARD AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERCED, ROBERT	
STREET ADDRESS	38138 BUFORD AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MERCED, DAVID	
STREET ADDRESS	15029 MARION AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MERCED, Omayra	
STREET ADDRESS	38138 BUFORD AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, MANUEL A SR	
STREET ADDRESS	38149 HOWARD AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, JESUS M	
STREET ADDRESS	38138 BUFORD AVE	
CITY-ST-ZIP	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David merced	
STREET ADDRESS	15029 Marion Ave	
CITY-ST-ZIP	Dade City, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosa Oliveira	
STREET ADDRESS	37321 Safari Dr.	
CITY-ST-ZIP	Dade City, FL 33523	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileene Burgos	
STREET ADDRESS	38138 Buford Ave	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Eileene Burgos

Date

Daytime Phone #

1/17/02 (352) 518-5615

CR2E037 (9/01)