

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90001 045 \*\*\*61.25

**DOCUMENT # N99000005371**

1. Entity Name  
**IGLESIA EVANGELICA PENTECOSTAL APOSENTO ALTO, IN**

*R*

Principal Place of Business      Mailing Address  
 8480 S.W. 154 CIRCLE, UNIT 914      8480 S.W. 154 CIRCLE, UNIT 914  
 MIAMI FL 33193      MIAMI FL 33193

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 **65-0941985**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVE.**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 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**  
**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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GEORGE A	
STREET ADDRESS	8480 S.W. 154 CIRCLE, UNIT 914	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, AMERICO ISRAEL	
STREET ADDRESS	8480 S.W. 154 CIRCLE, UNIT 914	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHICAS, REINA E	
STREET ADDRESS	8480 S.W. 154 CIRCLE, UNIT 914	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camila Colon	
STREET ADDRESS	154-30 SW 81 circle LANE #88	
CITY-ST-ZIP	MIAMI FL 33193	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (5/00)

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** *George A. Hernandez*      Date **7-31-00**      Daytime Phone # **305-380-1454**