

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90067 031 ****61.25

DOCUMENT # N99000005371

1. Entity Name

IGLESIA EVANGELICA PENTECOSTAL APOSENTO ALTO, IN C.

Principal Place of Business

Mailing Address

**8480 S.W. 154 CIRCLE, UNIT 914
 MIAMI FL 33193**

**8480 S.W. 154 CIRCLE, UNIT 914
 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

65-0341385

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

7. Name and Address of New Registered Agent

**HERNANDEZ, GEORGE A
 8480 S.W. 154 CIRCLE CT.
 #914
 MIAMI FL 33193**

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

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 type="checkbox"/> Delete
NAME	COLON, CAMILA	
STREET ADDRESS	154-30 SW 81 CIRCLE LN #88	
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
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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		
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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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-02 (305) 388-1454

Date

Daytime Phone #

CR2E037 (9/01)