

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 18, 2001 8:00 am
Secretary of State

04-11-2001 90086 006 ****61.25

DOCUMENT # **N9900000-6060**

1. Entity Name **Iglesia de Dios Fuego de Jehova, inc**

Principal Place of Business **3204 NE 2nd ave**
Mailing Address **3204 NE 2nd ave**
miami FL 33137 **miami FL 33127**

2. Principal Place of Business **4141 North miami ave**
Suite, Apt. #, etc. **B150**
City & State **miami FL**
Zip **3313** Country **Dade**

3. Mailing Address **117 NW 41st**
Suite, Apt. #, etc.
City & State **miami FL**
Zip **33127** Country **Dade**

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
monserate Hernandez
117 NW 41st
miami FL 33127

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 fee if applicable. (NOTE: Registered Agent signature required when renouncing) 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 NAME	STREET ADDRESS	CITY - ST - ZIP
	Reverend miami FL 33127	<input type="checkbox"/> Delete
	monserate Hernandez -	
	President 117 NW 41st	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
	vice president	<input type="checkbox"/> Delete
	MRS MARIA Hernandez	
	117 NW 41st	
	miami FL 33127	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
	Secretary - Treasure	<input type="checkbox"/> Delete
	MRS Erminia Hernandez	
	172 NW 26th	
	miami FL 33127	
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Monserate Hernandez** 4-5-01 305-513-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)