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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # N9900007382 IGLESIA PENTECOSTAL LLAMA DE FUEGO INC. 04-25-2001 90081 021 \*\*\*\*70.00 Principal Place of Business Mailing Address 1833 N 66TH AVE 1833 N 66TH AVE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANTIAGO, SARA 6531 LEE ST HOLLYWOOD FL 33024 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Change ☐ Addition TITLE ☐ Delete SANTIAGO, JOSE D NAME NAME STREET ADDRESS STREET ADDRESS 6531 LEE ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Channe Addition ☐ Delete TITLE SANTIAGO, SARA NAME NAME STREET ADDRESS STREET ADDRESS 6531 LEE ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33024 APT#1427 ☐ Delete TITLE M Change Addition TITLE RODRIGUEZ, SONIA NAME NAME 7400 STERLING RD #386 #142 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Addition TITLE ☐ Delete TITLE Change SANCHEZ, GLORIA NAME NAME STREET ADDRESS STREET ADDRESS 6416 CUSTER ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE Delete TITLE ☐ Change Addition MONTANEZ, ROSA NAME NAME STREET ADDRESS STREET ADDRESS 4141 SW 52 CT APT W CITY-ST-7IP-CITY-ST-ZIP FORT LAUDERDALE FL 33314 TITLE ☐ Change ☐ Addition ☐ Delete MARIANA NAME XI NAME 7400 STREET ADD STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Mallywood, 12. I hereby certify that the information supplied with this filling 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: