

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90111 037 \*\*\*\*70.00

DOCUMENT # **N99000007382**

1. Entity Name  
**IGLESIA PENTECOSTAL LLAMA DE  
FUEGO, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1833 N. 66TH AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**1833 N. 66TH AVE.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

Zip

**33024**

Country

**USA**

Zip

**33024**

Country

**USA**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **SARA SANTIAGO**

Street Address (P.O. Box Number is Not Acceptable)  
**6531 LEE STREET**

City **Hollywood**

FL

Zip Code

**33024**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$81.25**

Initial or Amended UBR

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/D/C**  
NAME **JOSE D. SANTIAGO**  
STREET ADDRESS **6531 LEE STREET**  
CITY - ST - ZIP **HOLLYWOOD, FL 33024**

TITLE **D**  
NAME **SARA SANTIAGO**  
STREET ADDRESS **6531 LEE STREET**  
CITY - ST - ZIP **HOLLYWOOD, FL 33024**

TITLE **D**  
NAME **SONIA RODRIGUEZ**  
STREET ADDRESS **12312 WASHINGTON ST.**  
CITY - ST - ZIP **PEMBROKE PINES, FL 33025**

TITLE **T**  
NAME **JUAN J. IRIZARRY**  
STREET ADDRESS **12312 WASHINGTON ST.**  
CITY - ST - ZIP **PEMBROKE PINES, FL 33025**

TITLE **T**  
NAME **GLORIA SANCHEZ (DELETE)**  
STREET ADDRESS **6416 CUSTER ST**  
CITY - ST - ZIP **HOLLYWOOD, FL 33024**

TITLE **T**  
NAME **MARIANA SOSTRE (DELETE)**  
STREET ADDRESS **7400 STIRLING RD #1427**  
CITY - ST - ZIP **HOLLYWOOD, FL 33024**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-02**

Date

Daytime Phone #

CR2E037B (12/01)