## **2000 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

## **FILED** DOCUMENT # 712599 May 04, 2000 8:00 am 1. Entity Name Secretary of State THE NEW LIFE PRESBYTERIAN CHURCH, INC. 05-04-2000 90144 019 \*\*\*\*61.25 Mailing Address Principal Place of Business 7355 SOUTHWEST CORAL WAY 7355 SOUTHWEST CORAL WAY MIAMI FLA 33155-1402 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State Not Applicable 59-1816838 Country Zip 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) VEGA, GERMAN F 17895 S.W. 35TH STREET MIRAMAR FL 33029 Zip Code City FI 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Addition** ☐ Change ☐ Delete TITLE TITLE BISELA PRIETO NAME NAME VEGA, GERMAN F 1927 SW 1074 AVE. # 309 STREET ADDRESS STREET ADDRESS 17895 SW 35TH DRIVE 33165 MARIM FL CITY-ST-ZIP CITY-ST-71P MIRAMAR FL 33029 Addition ☐ Change TITLE ☐ Delete TITLE MARIA TERESA GONZALEZ NAME NAME VEGA, LIBERATO 2931 SHERIDAN AVE. APT.4 STREET ADDRESS STREET ADDRESS 9531 FONTAINBLEAU BLVD #10 CITY-ST-ZIP CITY-ST-ZIP 33140 <u>Miami FL 33172</u> ☐-Change Addition Detete TITLE TITLE: DANIEL MEDINA, NAME NAME GONZALEZ, MOISES 3301 N.W. 310 St. STREET ADDRESS STREET ADDRESS 2931 SHERIDAN AV APT 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI 3312V MIAMI BEACH FL 33140 Addition ☐ Change ☐ Delete TITLE TITLE. OSSORIO, LOIDA NAME NAME GONZALEZ, BERTHA 4729 S.W. 12 St. STREET ADDRESS STREET ADDRESS 1945 SW 60 PL CITY-ST-ZIP MIAMI, FL 33/44 CITY-ST-ZIP <u>Miami FL 33155</u> Addition **D**elete ☐ Change TITLE TITI F SOCARRAS, ANTONIO NAME NAME FERREIRA, AFONSO 12937 5 W 49 ST. STREET ADDRESS STREET ADDRESS 361 W PARK DR #13 CITY-ST-ZIP FL 33175 CITY-ST-ZIP MIAMI FL 33172 ☐ Change **X** Addition ☐ Delete TITLE VILLAVERDE, NOEMI 8730 S.W.ZI TERR. NAME NAME CABRERA, GUILLERMO STREET ADDRESS STREET ADDRESS 1700 SW 103 AVE CITY-ST-ZIP CITY-ST-ZIP MIRMI FL 33144 MIAMI FL 33165 12. I hereby certify that the information supplied with this filling toes 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 reference 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

305-261-8061