

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90044 004 \*\*\*\*70.00

**DOCUMENT # 712651**

1. Entity Name

**MIAMI LATIN CHURCH OF GOD, INC.**

Principal Place of Business

5606 NEBRASKA AVE.  
 TAMPA FL 33604

Mailing Address

5606 NEBRASKA AVE.  
 TAMPA FL 33674-9246

2. Principal Place of Business

8810 N Howard Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 9246

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

33603

Country

Zip

33674-9246

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANCHEZ, MANUEL PEREZ**  
 6775 14TH ST S.  
 5606 N. NEBRASKA AVE. (OFFICE TAMPA)  
 ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name  
**Perez-Sanchez, Manuel**

Street Address (P.O. Box Number is Not Acceptable)  
 27509 Breakers Dr

City  
 Wesley Chapel

FL

Zip Code  
 33543

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

*Manuel P. Sanchez*

Superintendent

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLAN, JUAN	
STREET ADDRESS	3956 TOWN CENTER BLVD #272	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SEST	<input type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL PEREZ	
STREET ADDRESS	6775 14TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ, RAFAEL	
STREET ADDRESS	501 WATERSKAPE WAY	
CITY-ST-ZIP	ORLANDO FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGAN, IGNACIO	
STREET ADDRESS	5463 36TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, ENRIQUE	
STREET ADDRESS	9402 HILLDROP CT.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	MBD	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE RENATO	
STREET ADDRESS	830 NW 210 ST BLD 6 APT 105	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 filers empowered.

SIGNATURE:

*Manuel P. Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

813-877-7444

Daytime Phone #

CR2E037 (9/99)