

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90059 014 ****61.25

DOCUMENT # 719629

1. Entity Name
GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER,

Principal Place of Business 1718 W. FLAGLER ST. MIAMI FL 33135	Mailing Address 1718 W. FLAGLER ST. MIAMI FL 33135-2016
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2. Principal Place of Business 1550 S.W. 1 ST .	3. Mailing Address
Suite, Apt. #, etc. 11	Suite, Apt. #, etc.

City & State MIAMI FL	City & State	4. FEI Number 65-0202055	Applied For <input type="checkbox"/> Not Applicable
Zip 33135	Country U.S.A.	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VASQUEZ, RUBEN
1718 W. FLAGLER ST.
MIAMI FL 33135

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 *Ruben D Vasquez*
 Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME VAZQUEZ, PEDRO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2378 SW 18 ST.	CITY-ST-ZIP MIAMI FL 33145	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME DE LA CRUZ, LUZ	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 NW 18TH AVE.	CITY-ST-ZIP MIAMI FL 33142	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME VASQUEZ, GRACELEANO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1645 SW 9TH ST.	CITY-ST-ZIP MIAMI FL 33135	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME VASQUEZ, RUBEN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2469 SW 53RD TERR.	CITY-ST-ZIP MIAMI FL 33145	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME GOMEZ, JORGE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 W 53RD ST.	CITY-ST-ZIP HIALEAH FL 33012	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME FUNDORA, BENITO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3557 NW 35TH ST.	CITY-ST-ZIP MIAMI FL 33142	STREET ADDRESS	CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Ruben D Vasquez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)