

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744831

1. Entity Name

FUNDACION MISIONERA REDENCION, INC.

Principal Place of Business

15611 NW 45 AVENUE
CAROL CITY FL 33056

Mailing Address

3930 NW 175TH ST.
CAROL CITY FL 33055-3834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2821510

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLANCO, LUGINIO (REV)
121 N.W. 4TH. AVE.
DANIA, FL. FL 33004

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

Lugino Polanco, President, 4/26/00

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLANCO, LUGINIO (REV)	
STREET ADDRESS	3930 N.W. 175TH ST.	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUCIANO	
STREET ADDRESS	9 ARABIA AVE.	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POLANCO, EVA	
STREET ADDRESS	3930 N.W. 175TH ST.	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EVA	
STREET ADDRESS	9 ARABIA AVE.	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALAGASTINO, HECTOR	
STREET ADDRESS	4040 N.E.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALASASTINO, HERMINIA	
STREET ADDRESS	4040 N.E.	
CITY-ST-ZIP	POMPANO BEACH FL	

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
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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 like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90787 043 ****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)