

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90067 037 \*\*\*\*61.25

**DOCUMENT # N13640**

1. Entity Name

**MISSIONARY GUADALUPANAS OF THE HOLY SPIRIT, INC.**

Principal Place of Business

Mailing Address

2483 S.W. 4TH STREET  
 MIAMI FL 33135

2483 S.W. 4TH STREET  
 MIAMI FL 33135-2907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2686522**

Applied For

Not Applicable

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**LUGO, M E**  
**2483 SW 4TH ST**  
**MIAMI FL 33135**

Name

**Regina Vieyra**

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

**2483 SW 4TH ST**

City

**Miami**

**FL**

Zip Code

**33135-2907**

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 Regina Vieyra, Secretary

*Regina Vieyra*

03/04/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERNANDEZ, ERNESTINA</b>	
STREET ADDRESS	<b>2483 S.W. 4TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUGO, MARIA EDITH</b>	
STREET ADDRESS	<b>2483 S.W. 4TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALDAMA, FRANCES</b>	
STREET ADDRESS	<b>2483 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VIEYRA, REGINA</b>	
STREET ADDRESS	<b>2483 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVARES, OLIVA</b>	
STREET ADDRESS	<b>2483 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33135-2907</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIEYRA, REGINA</b>	
STREET ADDRESS	<b>2483 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135-2907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, LOURDES</b>	
STREET ADDRESS	<b>2483 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135-2907</b>	
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: Regina Vieyra  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2000 (305) 642-9544  
 Date Daytime Phone #

CR2E037 (9/99)