

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90001 003 ****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

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

59-2686522

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

VIEYRA, REGINA
2483 SW 4TH ST
MIAMI FL 33135-2907

Name

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

City

FL

Zip Code

B. 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

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	TD	<input type="checkbox"/> Delete
NAME	OLIVARES, OLIVA	
STREET ADDRESS	2483 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI FL 33135-2907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIEYRA, REGINA	
STREET ADDRESS	2483 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI FL 33135-2907	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDAMA, FRANCES	
STREET ADDRESS	2483 SW 4TH ST	
CITY-ST-ZIP	MIAMI FL 33135-2907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED** Regina Vieyra 1/8/2002 (305) 642-9544

CR2E037 (9/01)