

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000982

1. Entity Name

RADIO PEACE CATHOLIC BROADCASTING, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90003 034 ****61.25

Principal Place of Business 1779 NW 28 ST. SUITE 1 MIAMI FL 33142 US	Mailing Address 1779 NW 28 ST. SUITE 1 MIAMI FL 33142-6016 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0478741	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVALORA, MOST REV. JOHN 9401 BISCAYNE BLVD. MIAMI SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPDEPON, REV FEDERICO 1779 NW 28TH ST MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENNESSEY, REV WILLIAM 9401 BISCAYNE BLVD MIAMI SHORES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VAUGHAN, JOHN REV 9401 BISCAYNE BLVD. MIAMI SHORES FL 33183 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN, TOMAS REV 9401 BISCAYNE BLVD MIAMI SHORES FL 33183 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DE LOS REYES, REV MR RAFAEL 1779 NW 28TH ST MIAMI FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5/10/00	Daytime Phone # 638-2722
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CR2E037 (9/99)