

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003016

1. Entity Name

TEMPLO EL REY JESUS, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 020 ****61.25

Principal Place of Business

8356-H S.W. 40TH STREET
MIAMI FL 33155
US

Mailing Address

P.O. BOX 557494
MIAMI FL 33255-7494
US

2. Principal Place of Business

9353 S.W. 152 AVE

Suite, Apt. #, etc.

3. Mailing Address

9353 S.W. 152 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA.

Zip

33196

Country

US

Zip

33196

Country

US

4. FEI Number

65-0605906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, GUILLERMO
6830 S.W. 51ST STREET
MIAMI FL 33155

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

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
After September 13, 2000 min. will be \$236.25

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

TITLE PD
NAME MALDONADO, GUILLERMO ☐ Delete
STREET ADDRESS 6830 S.W. 51ST STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE VD
NAME MALDONADO, ANA G ☐ Delete
STREET ADDRESS 6830 S.W. 51ST STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE TD
NAME ACOSTA, CARLOS ☐ Delete
STREET ADDRESS 5881 S.W. 17TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Guillermo Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)