

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90026 008 ****61.25

DOCUMENT # N96000002037

1. Entity Name

DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR

Principal Place of Business: 7781 SHERIDAN ST, HOLLYWOOD FL 33024 US
 Mailing Address: P O BOX 5271, MIAMI LAKES FL 33014-1271 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 400 N.W. LEJEUNE Rd.
 Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: MIAMI FL
 Zip: 33126 Country: USA

City & State: MIAMI LAKES FL
 Zip: Country: USA

4. FEI Number: 65-0658001
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NINA, REVERAND J F
 9682 FONTAINBLEAU #309
 MIAMI FL 33172

7. Name and Address of New Registered Agent
 Name: [Handwritten]
 Street Address (P.O. Box Number is Not Acceptable): 9682 FONTAINBLEAU #309
 City: MIAMI FL Zip Code: 33172

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5-18-00

**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	
TITLE: DP <input type="checkbox"/> Delete	NAME: NINA, JOSE F STREET ADDRESS: 9682 FONTAINBLEAU BLVD #311 CITY-ST-ZIP: MIAMI FL 33172
TITLE: DV <input type="checkbox"/> Delete	NAME: NINA, NOEMI E STREET ADDRESS: 9682 FONTAINBLEAU BLVD #309 CITY-ST-ZIP: MIAMI FL 33172 ✓
TITLE: D <input type="checkbox"/> Delete	NAME: MELENDEZ, MAY L STREET ADDRESS: 123 SW 17TH AVE CITY-ST-ZIP: MIAMI FL 33135
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: DAILEY, MARY L STREET ADDRESS: 7781 SHERIDAN ST CITY-ST-ZIP: HOLLYWOOD FL 33024-2533
TITLE: D <input type="checkbox"/> Delete	NAME: MORA, SIXTO STREET ADDRESS: 3021 SW 37TH TER. CITY-ST-ZIP: HOLLYWOOD FL 33023
TITLE: D <input type="checkbox"/> Delete	NAME: TACHEL, ROSAURA STREET ADDRESS: 9682 FONTAINBLEAU BLVD #309 CITY-ST-ZIP: MIAMI FL 33075 ✓

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ESCALANTE, RAUL STREET ADDRESS: 3969 W 9th Ct CITY-ST-ZIP: MIAMI FL 33012 ✓
TITLE: DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CARMEN I. Cruz STREET ADDRESS: 1990 JACKSON ST #106 CITY-ST-ZIP: HOLLYWOOD FL 33020 ✓
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ESCALANTE, JOAQUIN STREET ADDRESS: 3969 W 9th Ct CITY-ST-ZIP: MIAMI FL 33012 ✓
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: BETTY WILSON STREET ADDRESS: 840 N 70th AVE CITY-ST-ZIP: HOLLYWOOD FL 33024 ✓
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MODOLO, ALEX STREET ADDRESS: 3969 W 9th Ct CITY-ST-ZIP: MIAMI FL 33012 ✓
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MATEO, KAREN Y. STREET ADDRESS: 840 N 70th AVE CITY-ST-ZIP: HOLLYWOOD FL 33024 ✓

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSE F NINA Date: 5-18-00 Daytime Phone #: (954) 962-2882

CR2E037 (9/99)