

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90124 032 \*\*\*\*66.25

**DOCUMENT # N96000003893**

1. Entity Name

**THE LORD'S ANGEL MINISTRIES, INC.**

Principal Place of Business

13416 SOUTHWEST 112 COURT  
 MIAMI FL 33176

Mailing Address

13416 SOUTHWEST 112 COURT  
 MIAMI FL 33176-5310

2. Principal Place of Business

13416 SW 112 Court.

3. Mailing Address

13416 SW 112 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

67-0676910

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired  NO

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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**

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  Delete  
 NAME PD  
 STREET ADDRESS ANGEL, LUIS M  
 CITY-ST-ZIP 13416 SOUTHWEST 112 COURT  
 MIAMI FL 33176

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME STD  
 STREET ADDRESS ANGEL, DIANA  
 CITY-ST-ZIP 13416 SOUTHWEST 112 COURT  
 MIAMI FL 33176

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS MORENO, AURA  
 CITY-ST-ZIP 13416 SOUTHWEST 112 COURT  
 MIAMI FL 33176

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 - (305) 254-1011

Date

Daytime Phone #

CR2E037 (9/99)