

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2000 90030 045 ****61.25

DOCUMENT # N98000003690

1. Entity Name

RENEW'S MINISTRY MIS RENEUVOS, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 6140 SOUTHWEST 34TH COURT FT LAUDERDALE FL 33314 | POST OFFICE BOX 292522 DAVIE FL 33329-2522 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | Applied For |
| 65-0848227 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VARGAS, GONZALO JR. | |
| STREET ADDRESS | 6140 SOUTHWEST 34TH COURT | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33314 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | VARGAS, GONZALO SR. | |
| STREET ADDRESS | 6140 SOUTHWEST 34TH COURT | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33314 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | VARGAS, SHERYL L | |
| STREET ADDRESS | 6140 SOUTHWEST 34TH COURT | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33314 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHERYL L VARGAS | |
| STREET ADDRESS | 6140 S.W. 34 th CT. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33314 | |
| TITLE | Treasure | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LILI JULIA SANTO | |
| STREET ADDRESS | 1378 178st. N.E. | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33162 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 _____ **REQUIRED**

APRIL 24, 2000 (954)584-410

CR2E037 (9/99)