

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2000 90093 018 ****61.25

DOCUMENT # N98000005957

1. Entity Name

GREATER MIAMI MINISTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 NW 77 COURT
 MIAMI FL 33166

6300 NW 77 COURT
 MIAMI FL 33166-3514

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

65-0442756
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COLLOCA, ROBERTO
6300 NW 77 COURT
MIAMI FL 33166

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	PD	<input type="checkbox"/> Delete
NAME	COLLOCA, ROBERTO	
STREET ADDRESS	6300 NW 77 COURT	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VERA, JOSE M	
STREET ADDRESS	5780 SW 17 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTILLO, MISAEI	
STREET ADDRESS	2495 NW 23 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, IRMA E	
STREET ADDRESS	2656 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDEN, YOLANDO P	
STREET ADDRESS	190 NW 79 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, HUMBERTO	
STREET ADDRESS	3001 NW 56 STREET	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberto Colloca*

1-10-2000 (305) 593-011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #