

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90027 016 \*\*\*\*61.25

0043572

**DOCUMENT # N98000005957**  
 1. Entity Name  
**GREATER MIAMI MINISTERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**6300 NW 77 COURT**      **6300 NW 77 COURT**  
**MIAMI FL 33166**      **MIAMI FL 33166**

**CU022385**



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  
**65-0442756**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**COLLOCA, ROBERTO**  
**6300 NW 77 COURT**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**  
 Name **MISAEEL CASTILLO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2495 NW 23 ST**  
 City **MIAMI, FL**      **FL**      Zip Code **33142**

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.       **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISAEEL CASTILLO 2495 NW 23 ST MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PABLO LAGO 6280 W 21 CT MIAMI FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTONIO DE LA GUARDIA 7330 NW 8 ST MIAMI FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVIA B FERNANDEZ 1851 SW 14 AVENUE MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICK WOODBURY 5265 NW 36 ST 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIO SIERRA 3893 SW 133 PL MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *For Misaeel Castillo* **MISAEEL CASTILLO**      Date **2-12-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (10/00)