

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90072 009 \*\*\*\*61.25

**DOCUMENT # N99000001673**

1. Entity Name

**SHADDAI MINISTRY, INC.**

Principal Place of Business

Mailing Address

2616 PEEL AVE  
 ORLANDO FL 32806

2616 PEEL AVE  
 ORLANDO FL 32806-5052

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

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

**CRUZ, RAFAEL**  
**2616 PEEL AVE**  
**ORLANDO FL 32806**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, RAFAEL		NAME		
STREET ADDRESS	2616 PEEL AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, LUZ D		NAME		
STREET ADDRESS	4508 TODD AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, CALIXTO		NAME		
STREET ADDRESS	4508 TODD AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DAVID A		NAME		
STREET ADDRESS	1710 CONWAY GARDEN RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, ILIANA		NAME		
STREET ADDRESS	2616 PEEL AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Rafael Cruz 02/29/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)