

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90112 030 ****61.25

DOCUMENT # N99000003301

1. Entity Name

ASOCIACION DE MINISTROS DE BROWARD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 450425
 SUNRISE FL 33345-0425

P.O. BOX 450425
 SUNRISE FL 33345-0425

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, RAFAEL JR
3417 ISLAND DR.
MIRAMAR FL 33023

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, RAFAEL 3417 ISLAND DR MIRAMAR FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, ALEJANDRO 8100 SW 12TH ST FT LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIAS, OSCAR 1305 N.W 125TH TERR. SUNRISE FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VARGAS, GONZALO 6451 PEMBROKE RD HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ALEJANDRO 8100 SW 12TH ST FT. LAUDERDALE FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ ALEJANDRO 8100 SW 12TH ST. FT LAUDERDALE, FL 33068.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSSD GONZALO VARGAS 7523 SW 6CT. NORTH LAUDERDALE, FL. 33068.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAQUEL ALHEVAR - T.O. 1981 WEST OAKLAND PARK RD FT LAUDERDALE, FL. 33309.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.D. CALLES RICARDO. 3541 NW 95 TERRACE. #201 SUNRISE FL 33351.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: Gonzalo Vargas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-02 (954) 718-8955
 Date Daytime Phone #

0075188

CR2E037 (9/01)