

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90088 031 ****75.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000006325

1. Entity Name
MINISTERIO EVANGELISTICO "LAS SAMARITANAS", INC.

Principal Place of Business **Mailing Address**
3580 AVE O NW **3580 AVE O NW**
WINTER HAVEN FL 33881 **WINTER HAVEN FL 33881**

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 **65-0960292** **Applied For**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POMARES, ROSALIA
3580 AVE O NW
WINTER HAVEN FL 33881

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 *Rosalia Pomares* **02/11/02**
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 2001		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMARES, ARMANDO		NAME		
STREET ADDRESS	3580 AVE O NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMARES, ROSALIA		NAME		
STREET ADDRESS	3580 AVE O NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANTINO, MARIA		NAME		
STREET ADDRESS	3580 AVE O NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPREGROSA, GUISEPPE		NAME		
STREET ADDRESS	3580 AVE O NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		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		
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: *ARMANDO POMARES GUISEPPE* **02/11/02** **(863) 965-0266**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)