

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40127

1. Entity Name

MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YO

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90074 030 ****61.25

Principal Place of Business Mailing Address
17920 N.W. 44TH AVE. PO BOX 172153
MIAMI FL 33055-3330 HIALEAH FL 33017-2153
US US

2. Principal Place of Business 3. Mailing Address
17920 N.W. 44TH AVE. SAME AS #2
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL.

Zip Country Zip Country
33055 USA

4. FEI Number 65-0343193
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
CARDONA, ANA C
17920 NW 44TH AVE
MIAMI FL
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 ANA E. CARDONA (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 4/6/00

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	VOCAL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARDONA, ANA C			NAME	BERDION, ANTONIO REV.		
STREET ADDRESS	17920 NW 44TH AVE			STREET ADDRESS	4440 S.W. 1ST ST.		
CITY-ST-ZIP	OPA LOCKA FL			CITY-ST-ZIP	MIAMI FL		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDONA, ELIEZER			NAME			
STREET ADDRESS	17920 N.W. 44TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL 33055			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERDION, ANTONIO REV.			NAME	VILLADIEGO, MARGARITA		
STREET ADDRESS	4440 S.W. 1ST ST.			STREET ADDRESS	7617 N. AUGUSTA DR.		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL 33015		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHIUQUIN, ARMANDO REV.			NAME	MARTINEZ, LUISA		
STREET ADDRESS	730 N.W. 140TH ST.			STREET ADDRESS	13 SOUTH ROYAL POINCIANA #17		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI SPRING FL 33166		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAREZ, ESTHER			NAME			
STREET ADDRESS	5316 N.W. 189TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRESPO, GLORIA REV.			NAME			
STREET ADDRESS	517 N.W. 95 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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: ANA E. CARDONA (ANA CARDONA) 4/6/00 (202) 625-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)