

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005747

1. Entity Name

MINISTERIO INTERNACIONAL CRISTIANO OF HOMESTEAD

Principal Place of Business

30305 S.W. 154 CT.
HOMESTEAD FL 33033

Mailing Address

30305 S.W. 154 CT.
HOMESTEAD FL 33033-3508

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

65-0882485

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

PEREZ, PILAR
30305 S.W. 154 CT.
HOMESTEAD FL 33033

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	DVT	<input type="checkbox"/> Delete
NAME	CUNDIS, OCLIDIA	
STREET ADDRESS	15800 SW 304 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PALMAS, MARCIA	
STREET ADDRESS	15311 SW 305 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	QUINTANA, JOSE	
STREET ADDRESS	11965 SW 185 TERR	
CITY-ST-ZIP	PERRINE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, PILAR	
STREET ADDRESS	30305 SW 154 CT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PEREZ, REYNALDO	
STREET ADDRESS	30305 SW 154 CT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTO D. LOYOLA	
STREET ADDRESS	28501 SW 152 AVE. LOT: #197	
CITY-ST-ZIP	LEISURE CITY, FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(305) 245-5501

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE