

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001792

1. Entity Name

HISPANIC EBENEZER CHRISTIAN CHURCH, INC.

**FILED**  
May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90050 024 \*\*\*\*66.25

Principal Place of Business

Mailing Address

2047 5TH AVE. NORTH  
ST PETERSBURG FL 33713

2047 5TH AVE. NORTH  
ST PETERSBURG FL 33713

428827

2. Principal Place of Business

3. Mailing Address

8755 49th ST.

8755 49th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PINELLAS PARK

City & State  
PINELLAS PARK, FL

City & State  
FLORIDA

4. FEI Number  
59-3430479

Applied For  
Not Applicable

Zip  
33781

Country  
PINELLAS

Zip  
33782

Country  
PINELLOS

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

MEDINA, JOSE A  
4000 68TH AVENUE  
PINELLAS PARK FL 33781

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	P MEDINA, JOSE A 4000-68TH AVENUE NORTH PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RINKER, ARELIS 5560 61TH ST NORTH SAINT PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIRADO, DORA 2401 GRANADA CIR WEST ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, JOSE A 4000-68TH AVENUE NORTH PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRADO, RAMON 2401 GRANADA CR. WEST ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM RUIZ, JOSEFINA 5155-58TH ST NORTH KENNETH CITY FL 33709	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORA TIRADO 2401 GRANADA CIR WEST ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

*[Signature]* DIRECTOR -

4-25-02 537-9547

CR2E037 (9/01)