

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90003 045 \*\*\*\*70.00

**DOCUMENT # 705795**

1. Entity Name

**TAMIAMI METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

726 S.W. 14 AVE.  
 MIAMI FL 33135  
 US

726 SW 14 AVE  
 MIAMI FL 33135-3841

**C0089672**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Tamiami M. Church, Inc.*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*726 S.W. 14 AVE*

City & State

*Miami, FL*

4. FEI Number

**59-0714833**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip *33135*

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMARO, OVIDIO**  
 1635 S.W. 18TH STREET  
 MIAMI FL 33145

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

*Rev. Ovidio Amaro*

*4-28-2000*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESPINOSA, ROLANDO</b>	
STREET ADDRESS	<b>130 SW 32 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORREGO, ORESTE</b>	
STREET ADDRESS	<b>726 SW 14TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AMARO, OVIDIO</b>	
STREET ADDRESS	<b>1635 SW 18TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, LUCIA</b>	
STREET ADDRESS	<b>726 S.W. 14 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORREGO, ELSA</b>	
STREET ADDRESS	<b>726 S.W. 14 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>AMARO, BARBARA</b>	
STREET ADDRESS	<b>1840 W. 44 PL APT 808</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Same*

CF-EO37 (9/99)

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:

*Ovidio Amaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-2000 (305) 858-0787*

Date

Daytime Phone #