

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712651

1. Entity Name

MIAMI LATIN CHURCH OF GOD, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 004 ****70.00

Principal Place of Business

Mailing Address

5606 NEBRASKA AVE.
TAMPA FL 33604

5606 NEBRASKA AVE.
TAMPA FL 33674-9246

2. Principal Place of Business

8810 N Howard Ave

3. Mailing Address

PO Box 9246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33603

Country

Zip

33674-9246

Country

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

SANCHEZ, MANUEL PEREZ

6775 14TH ST S.

5606 N. NEBRASKA AVE. (OFFICE TAMPA)

ST. PETERSBURG FL 33705

Name

Perez-Sanchez, Manuel

Street Address (P.O. Box Number is Not Acceptable)

27509 Breakers Dr

City

Wesley Chapel

FL

Zip Code 33543

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

Superintendent

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
ST
MILLAN, JUAN
STREET ADDRESS
3956 TOWN CENTER BLVD #272
CITY-ST-ZIP
ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
SEST
SANCHEZ, MANUEL PEREZ
STREET ADDRESS
6775 14TH ST. S.
CITY-ST-ZIP
ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VD
RUIZ, RAFAEL
STREET ADDRESS
501 WATERSKAPE WAY
CITY-ST-ZIP
ORLANDO FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
D
PAGAN, IGNACIO
STREET ADDRESS
5463 36TH AVE N
CITY-ST-ZIP
ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
TD
PEREZ, ENRIQUE
STREET ADDRESS
9402 HILLDROP CT.
CITY-ST-ZIP
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
MBD
RAMOS, JOSE RENATO
STREET ADDRESS
830 NW 210 ST BLD 6 APT 105
CITY-ST-ZIP
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 firms empowered.

SIGNATURE:

Manuel P. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

813-877-7444

Date

- Daytime Phone #

CR2E037 (9/99)