

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90102 028 ****70.00

DOCUMENT # 712651

1. Entity Name

MIAMI LATIN CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

**4801 N HOWARD AVE
 TAMPA FL 33603**

**PO BOX 9246
 TAMPA FL 33674-9246**

2. Principal Place of Business

7712 E Chelsea St

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

33610

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
 27509 BREAKERS DR
 WESLEY CHAPEL FL 33543**

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

TITLE **Member** ☐ Change ☒ Addition
 NAME **Carlos Labra**
 STREET ADDRESS **5838 Collins Ave #5C**
 CITY-ST-ZIP **Miami Beach FL 33140**

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

TITLE **Member** ☐ Change ☒ Addition
 NAME **Jose R. Ramos**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Member** ☐ Change ☒ Addition
 NAME **Florencio Torres**
 STREET ADDRESS **12621 Crayford Ave**
 CITY-ST-ZIP **Orlando FL 32837**

TITLE **D** ☒ Delete
 NAME **MONTANEZ, ROBERTO**
 STREET ADDRESS **PO BOX 1265**
 CITY-ST-ZIP **RUSKIN FL 33570**

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

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

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

TITLE **D** ☒ Delete
 NAME **BETANCOURT, CARLOS J**
 STREET ADDRESS **713 N F ST**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/10/02 813-877-7444

CR2E037 (9/01)