

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712963

1. Entity Name

INTENSE PLAN OF EVANGELISM, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90053 030 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 605
MIAMI FL 33135

P.O. BOX 605
MIAMI FL 33135

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

23-7044643

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

ELIAS, LEGRA
525 EAST 9TH STREET
HIALEAH FL 33010

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 PD ☐ Delete
NAME FUMERO, REV MARIO
STREET ADDRESS 525 E. 9TH ST.
CITY-ST-ZIP HIALEAH FL

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

TITLE S ☐ Delete
NAME FUMERO, IRAIDA
STREET ADDRESS 200 E 8TH ST #101
CITY-ST-ZIP HIALEAH FL

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

TITLE VD ☐ Delete
NAME LEGRA, ELIAS
STREET ADDRESS 422 E 29TH ST.
CITY-ST-ZIP HIALEAH FL

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

TITLE VD ☐ Delete
NAME MARADIAGAL, LILIAN
STREET ADDRESS 1641 NW 29TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
NAME NUNEZ, NODIER
STREET ADDRESS 2110 NW 2ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME V.D. Nodier Nuñez
STREET ADDRESS 3603 SW. 138 ct
CITY-ST-ZIP miami - FL. 33175

TITLE T ☐ Delete
NAME DE NUNEZ, INA
STREET ADDRESS 2110 NW 2NS ST
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME T. Ina de Nuñez
STREET ADDRESS 3603 SW. 138 ct
CITY-ST-ZIP miami - FL. 33175

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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00