

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90013 019 ****61.25

DOCUMENT # 764354

1. Entity Name

BETESDA ASEMBLY OF GOD, INC.

Principal Place of Business

3300 N.W. 135TH STREET
 OPA-LOCKA FL 33054

Mailing Address

3300 N.W. 135TH STREET
 OPA-LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2280575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELLO, JOSE F.
651 S.E. 1ST PLACE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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

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
After September 13, 2000 min. will be \$236.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BELLO, JOSE F.	
STREET ADDRESS	10212 NW 125 ST	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREGORIO, SOSA	
STREET ADDRESS	9545 N.E. 32ND PLACE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	S	<input type="checkbox"/> Delete
NAME	CABALLERO, REINA	
STREET ADDRESS	6770 EVANS ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTILLO, JOSE	
STREET ADDRESS	7211 W 24 AVE APT #2307	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MELO, ALBA	
STREET ADDRESS	2780 W 61 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BOFFILL, ESERALDINO	
STREET ADDRESS	7801 W 29TH WAY #102	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
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	COLLANTES, HILDA M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8420 NW 17 Ct	
CITY-ST-ZIP	Pembroke Pines Fl 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jose F. Bello
SIGNATURE REQUIRED

7/10/2000
 Date

Date

Daytime Phone #