

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90051 047 ****69.00

DOCUMENT # 765791

1. Entity Name
**LA PUNTA SPANISH CONGREGATION OF
 JEJUNAIS WITNESSES OF MIAMI FLORIDA, INC.**

Principal Place of Business Mailing Address
**C/O MIGUEL RAMIREZ
 601 S.W. 7 ST
 MIAMI, FL 33130**

2. Principal Place of Business 3. Mailing Address
601 SW 7 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL
 Zip Country Zip Country
33130 U.S.A.

4. FEI Number Applied For
59-2386314 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

A0027354

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ROHAN, LAURENCE J.
 4675 PONCE DE LEON BLVD.
 # 302
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent
 Name **CARRERA, WALTER A.**
 Street Address (P.O. Box Number is Not Acceptable) **1661 S.W. 11 TER**
 City **MIAMI** FL Zip Code **33135**

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  **WALTER A. CARRERA** **2/27/2000**
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D QUINTANA, LINO L. <input type="checkbox"/> Delete 2537 S.W. 13 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P/D RAMIREZ, MIGUEL <input type="checkbox"/> Delete 1020 SW 5 ST # 1 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CARRERA, WALTER A. <input type="checkbox"/> Delete 1661 SW 11 TER MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D QUINTANA, GUILLERMO <input type="checkbox"/> Delete 2357 S.W. 13 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE  **GUILLERMO QUINTANA** **2/27/2000** **305-541-8107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)