

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770856

1. Entity Name

RENACER EVANGELIST MINISTRIES INC.

Principal Place of Business

136 NW 7TH AVE  
MIAMI FL 33128  
US

Mailing Address

P.O. BOX 015668  
MIAMI FL 33101-5668  
US

2. Principal Place of Business

2199 Ali-Baba Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Opa-Locka FL

City & State

Zip

33054

Country

USA

Country

4. FEI Number

59-2459214

Applied For

Not Applicable

5. Certificate of Status Desired

YES

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANA  
204 SW 57TH AVE  
MIAMI FL 33144

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSARIO, BOBBY 19815 NW 34 AVE MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VELEZ ELOISA 6707 BROOKLINE DR MIAMI LAKES FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOBBY ROSARIO 19815 NW 34 AVE MAIMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERO, EDUARDO 1121 ORIOLE AVE MIAMI SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD ROSARIO, ANA 19815 NEW 34TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRUZ, BOBBY REV 9735 NW 51 TERR MIAMI FL 33178	<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 checked="" 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

Angel Luis Mercado  
2663 West Medill St.  
Chicago, Ill. 60647

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: Bobby Rosario REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 (305) 687-8631

Date

Daytime Phone #

CR2E037 (9/99)

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

03-29-2000 90098 001 \*\*\*\*\*8.75  
03-29-2000 90098 002 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE