

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90352 019 ****70.00

DOCUMENT # 770856

1. Entity Name

RENACER EVANGELIST MINISTRIES INC.

Principal Place of Business

~~2199 ALBABA AVE~~
~~OPA LOCKA FL 33054~~
~~US~~

Mailing Address

P.O. BOX 540993
OPA LOCKA FL 33054
US

2. Principal Place of Business

1450 N.W. 135 st.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 540993

Suite, Apt. #, etc.

City & State

OPALOCKA
Zip

Country

33054

DADE

City & State

OPALOCKA, FL
Zip

Country

33054

DADE

4. FEI Number

59-2459214

Applied For

Not Applicable

5. Certificate of Status Desired



\$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	PD	<input type="checkbox"/> Delete
NAME	ROSARIO, BOBBY	
STREET ADDRESS	19815 NW 34 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELEE, ELOISA	
STREET ADDRESS	6707 BROOKLINE DR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	MERCADO, ANGEL L	
STREET ADDRESS	2663 W MEDILL ST	
CITY-ST-ZIP	CHICAGO IL 60647	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVERO, EDUARDO	
STREET ADDRESS	1121 ORIOLE AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	SMD	<input type="checkbox"/> Delete
NAME	ROSARIO, ANA	
STREET ADDRESS	19815 NEW 34TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	CRUZ, BOBBY REV	
STREET ADDRESS	9735 NW 51 TERR	
CITY-ST-ZIP	MIAMI FL 33178	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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:

BOBBY ROSARIO

BOBBY ROSARIO

CR2E037 (9/01)