

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90155 030 ****70.00

DOCUMENT # 770856

1. Entity Name

RENACER EVANGELIST MINISTRIES INC.



Principal Place of Business

**4450 NW 135 STREET
OPA LOCKA FL 33054
US**

Mailing Address

**P.O. BOX 540993
OPA LOCKA FL 33054
US**

2. Principal Place of Business

4450 N.W. 135 st.

3. Mailing Address

P.O. Box 540993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA, FL.

City & State

OPALOCKA-FL.

Zip

33054

Country

Dade

Zip

33054

Country

Dade



☐ CHECK HERE IF MAKING CHANGES

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

ELOISA VELEZ

Street Address (P.O. Box Number is Not Acceptable)

6707 Brookline Dr.

City

MIAMI

FL

Zip Code

33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eloisa Velez **Eloisa Velez 2.20.03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROSARIO, BOBBY**
STREET ADDRESS **19815 NW 34 AVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VP** ☐ Delete
NAME **VELEE, ELOISA**
STREET ADDRESS **6707 BROOKLINE DR**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **PDC** ☐ Delete
NAME **MERCADO, ANGEL L**
STREET ADDRESS **2663 W MEDILL ST**
CITY-ST-ZIP **CHICAGO IL 60647**

TITLE **TD** ☐ Delete
NAME **RIVERO, EDUARDO**
STREET ADDRESS **1121 ORIOLE AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **SMD** ☐ Delete
NAME **ROSARIO, ANA**
STREET ADDRESS **19815 NEW 34TH AVE**
CITY-ST-ZIP **MIAMI FL**

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

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

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TITLE ☐ Change ☐ 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** **2/20/03** **(305) 687-8631**

CR2E037 (10/02)