

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90143 008 ****61.25

DOCUMENT # 834793

1. Entity Name

LATIN AMERICAN CHURCH, INC.

Principal Place of Business

4653 E. 10 LANE
 HIALEAH FL 33013-2111

Mailing Address

4653 E. 10 LANE
 HIALEAH FL 33013-2111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTILLO, PEDRO H.

~~2002 NINE SIXTH STREET~~
MIAMI FL 33135

*13925 Lake Placid Ct.
 miami Lakes Fl. 33014*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **CANTILLO, PEDRO REV**
 STREET ADDRESS ~~2002 NINE SIXTH STREET~~ *13925 Lake Placid Ct*
 CITY-ST-ZIP **MIAMI FL** *Miami Lakes Fl.*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ROSA E. CANTILLO**
 STREET ADDRESS ~~2002 NINE SIXTH STREET~~ *13925 Lake Placid Ct*
 CITY-ST-ZIP **MIAMI FL** *Miami Lakes*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DAMARYS W. VAZQUEZ**
 STREET ADDRESS ~~2002 NINE SIXTH STREET~~ *6976 W. 4 WAY*
 CITY-ST-ZIP **MIAMI FL** *Hialeah Fl.*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VAZQUEZ, VICTOR M.**
 STREET ADDRESS ~~2002 NINE SIXTH STREET~~ *6976 W. 4 WAY*
 CITY-ST-ZIP **MIAMI FL** *Hialeah Fl.*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowerment.

SIGNATURE: *Pedro H. Cantillo* **PEDRO H. CANTILLO** *4/26/2000* *305-823-4988*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)