

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90008 005 ****70.00

DOCUMENT # N00000003033

1. Entity Name

MISSIONARY MINISTRY "PASSION FOR JESUS", INC.

LA

Principal Place of Business

Mailing Address

8102 NORTH SHELDON ROAD #1604
 TAMPA FL 33615

PO BOX 15454
 TAMPA FL 33684-5454

2. Principal Place of Business

1413 HARNESS HORSE LN

3. Mailing Address

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Zip

33511

Country

Hillsborough

Zip

Country

4. FEI Number

59-3645049

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

Name

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

City

FL

Zip Code

MARTINEZ, LUIS
 9020 AUBURN WAY
 TAMPA FL 33615

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
After September 12, 2001, min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS FALERO, E. FRANKLIN
 CITY-ST-ZIP 6053 N. CHURCH AVE.
 TAMPA FL 33614

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FALERO, EFRAIN IVAN
 CITY-ST-ZIP 4515 RIVERFRONT LANE
 TAMPA FL 33603

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FALERO-GONZALEZ, JACQUELYN I
 CITY-ST-ZIP 839 TEALWOOD DR.
 BRANDON FL 33510

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 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 another like empowered.

SIGNATURE:

REQUIRED

07/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)