

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90974 029 ****70.00

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1. Entity Name
**FUENTES EN EL DESIERTO MESSIANIC JEWISH BIBLICAL
MINISTRY INC.**

Principal Place of Business

**339 SW 18TH TERRACE
MIAMI FL 33129**

Mailing Address

**PO BOX 330103
COCONUT GROVE FL 33233
US**

2. Principal Place of Business

420 SW 87 Place

Suite, Apt. #, etc.

3. Mailing Address

420 SW 87 Place

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34476

Country

USA

Zip

34476

Country

USA

4. FEI Number **65-1016106**

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

**LOUISE E. FACIPONTI DE FUENTES, LOUISE
339 SW 18 TERR
MIAMI FL 33129**

Name

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

420 SW 87 Place

City

Ocala

FL

Zip Code

34476

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 **Louise E. Faciponti de Fuentes** **Louise E. Faciponti de Fuentes** **4-6-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Delete
NAME **FUENTES, EDUARDO A**
STREET ADDRESS **339 SW 18TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☒ Change ☐ Addition
NAME **420 SW 87 PL**
STREET ADDRESS **Ocala FL 34476**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **DE FUENTES, LOUISE E** **Faciponti**
STREET ADDRESS **339 SW 18TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☒ Change ☐ Addition
NAME **420 SW 87 PL**
STREET ADDRESS **Ocala FL 34476**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PINO REYES, HAYDEE**
STREET ADDRESS **339 SW 18TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☒ Change ☐ Addition
NAME **420 SW 87 PL**
STREET ADDRESS **Ocala FL 34476**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: **Louise E. Faciponti de Fuentes** **4-6-03** **352-425-0396**
SIGNATURE REQUIRED

CR2E037 (10/02)