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

FILED
Mar 14, 2003 8:00 am
Secretary of State
02-21-2003 90186 010 ****70.00

DOCUMENT # N02000007260

1. Entity Name
MINISTERIO EVANGELISTICO LINAJE ESCOGIDO, INC.

Principal Place of Business	Mailing Address
3220 N. 40TH ST. TAMPA FL 33605	3220 N. 40TH ST. TAMPA FL 33605

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1009 E Lake Ave Suite, Apt. #, etc.	1009 E Lake Ave Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33605 Country: USA	Zip: 33605 Country: USA

4. FEI Number: 54-2085284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, SAMUEL
1009 E. LAKE AVE.
TAMPA FL 33605

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBLES, SAMUEL 1009 E. LAKE AVE. TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ORTEGA, EVELYN R 1009 E. LAKE AVE. TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBLES, SAMUEL JR. 1509 PRESTON DR. WEST PALM BEACH FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBLES, ABDIEL S 1009 E. LAKE AVE. TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Samuel Robles REQUIRED 2/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # N02000007260

(IRS USE ONLY) 575F 542085284 12-19-2002 MIXI 0 0134108595 SS-4

55016367

Keep this part for your records. CP 575 F (Rev. 1-200)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 F

0134108595

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 12-19-2002
EMPLOYER IDENTIFICATION NUMBER: 54-2085284
FORM: SS-4

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

MINISTERIO EVANGELISTICO LINAJE
ESCOGIDO
% SAMUEL ROBLES
1009 E LAKE AVE
TAMPA FL 33605