

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90115 017 ****61.25

DOCUMENT # N04137

1. Entity Name

MINISTERIO CASA DE ORACION INC.

Principal Place of Business

Mailing Address

20151 NW 67 AVE
 HIALEAH FL 33017
 US

20151 NW 67 AVE
 HIALEAH FL 33015-2130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2320561

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

FIGUEROA, EUGENIO
1984 NW 179 AVE
PEMBROKE PINES FL 33029

Name **Jose Tabraue**
 Street Address (P.O. Box Number is Not Acceptable)
14001 S.W. 48 COURT
 City **Miramar,** FL Zip Code **33027**

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 *Jose Tabraue* **Jose Tabraue, President 1/16/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEF 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZELAYA, REINEL	
STREET ADDRESS	7331 ARTHURS ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERBERT, RIVERA	
STREET ADDRESS	20523 NW 47AVE	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, DORA	
STREET ADDRESS	6625 W 4TH AVE APT 101	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, GLORIA	
STREET ADDRESS	7080 NW 179 ST #205	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	P	<input type="checkbox"/> Delete
NAME	FIGUEROA, EUGENIO	
STREET ADDRESS	1984 NW 179TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ANA L	
STREET ADDRESS	510 NW 108TH ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victoria Justiniano	
STREET ADDRESS	8550 N. Sherman Circle #408	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Tabraue	
STREET ADDRESS	14001 SW 48 COURT	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE	Sub-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton Carratala	
STREET ADDRESS	7833 N.W. 192 Street	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sammy Monserrate	
STREET ADDRESS	19812 N.W. 86 COURT	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Garcia	
STREET ADDRESS	13705 S.W. 55 COURT	
CITY-ST-ZIP	Miami, FL	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Contreras	
STREET ADDRESS	19078 N.W. 77 PLACE	
CITY-ST-ZIP	Miami, FL 33015	

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: *Jose Tabraue* **REQUIRES President 1/16/2000 305-725 5255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #