## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N08607** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name ST. JUDAS TADEO CHURCH, INC. 04-21-2000 90152 018 \*\*\*\*61.25 Mailing Address Principal Place of Business 4269 SW 6TH ST. 4269 SW 6TH ST. MIAMI FL 33134-1905 MIAMI FL 33134 3. Mailing Address 65/5 S 2. Principal Place of Business 65155.00.32 M DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2526767 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 155-3 Fee Required 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) HERNANDEZ. JESUS E. 4269 SW 6TH ST MIAMI FL 33134 Zip Code City 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE HERNANDEZ, JESUS E. NAME NAME STREET ADDRESS STREET ADDRESS 4269 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE Change ☐ Addition TITLE NAME NAME HERNANDEZ, DORA STREET ADDRESS STREET ADDRESS 4269 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIP1 MIAM! FL ☐ Addition Delete ☐ Change DITE TITLE TD NAME NAME HERNANDEZ, RICARDO J. STREET ADDRESS STREET ADDRESS 4269 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE SD ☐ Delete TITLE HERNANDEZ, DORA H. NAME STREET ADDRESS STREET ADDRESS 4269 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 purple.

SIGNATURE:

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OF PRECTOR

4-11-2000 (305)

Daytime Phone #