

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0034035

DOCUMENT # N15517

1. Entity Name

LOVE & GRACE FELLOWSHIP OF HOMESTEAD, FLORIDA, I

04-27-2001 90357 043 ****61.25

Principal Place of Business

155 N.E. 15TH STREET
 HOMESTEAD FL 33030

Mailing Address

155 N.E. 15TH STREET
 HOMESTEAD FL 33030

60039608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0435150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, JOSE D.
26467 S. W. 126TH AVENUE
HOMESTEAD FL 33032

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMIREZ, JOSE DR.	
STREET ADDRESS	26467 SW 126TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOTTEICHER, JACK	
STREET ADDRESS	8874 SW 197 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	POWELL, WILLIAM S.	
STREET ADDRESS	29045 SW 157TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCANITLY, KEN L	
STREET ADDRESS	150 N.E. 16 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NAVAR, ROBERT	
STREET ADDRESS	9350 MARINE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE D. RAMIREZ	
STREET ADDRESS	26467 S.W. 126TH AVE	
CITY-ST-ZIP	HOMESTEAD, FL. 33032	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CISLO	
STREET ADDRESS	16830 S.W. 301ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA J. RAMIREZ	
STREET ADDRESS	14525 S.W. 288th ST	
CITY-ST-ZIP	HOMESTEAD, FL. 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE D. RAMIREZ 4-23-01 305-245-7621

Date

Daytime Phone #

CR2E037 (10/00)