

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90011 019 \*\*\*\*61.25

**DOCUMENT # N23167**

1. Entity Name

**TEMPLO DE ALABANZA ASAMBLEAS DE DIOS, INC.**

Principal Place of Business

Mailing Address

**230 W. 21 STREET  
 HIALEAH FL 33010-2517  
 US**

**230 W 21 STREET  
 HIALEAH FL 33010-2517  
 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

**65-0123913**

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

**SARDINAS, RAMON DAVID  
 5843 W 28 AVE  
 HIALEAH FL 33016**

Name **RAMON D SARDINAS**

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

**8772 NW 146 LN**

City **HIALEAH**

**FL**

Zip Code **33018**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **SARDINAS, RAMON D**  
 STREET ADDRESS **8772 NW 146 LANE**  
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~SD~~  Delete  
 NAME ~~MENDIZABAL, VERONICA~~  
 STREET ADDRESS ~~859 NE 125 ST~~  
 CITY-ST-ZIP ~~MIAMI FL~~

TITLE  Change  Addition  
 NAME **Roman Juan**  
 STREET ADDRESS **1010 NW 181st**  
 CITY-ST-ZIP **North Miami - FL 33169**

TITLE **TD**  Delete  
 NAME **GUERRA, MIQUEL**  
 STREET ADDRESS **7730 NW 15 STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(l), 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**

**2-21-00 305-8820005**

Date

Daytime Phone #

CR2E037 (9/99)