

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90124 036 ****61.25

DOCUMENT # N32302

1. Entity Name

MIAMI SPANISH FOR CHRIST PRODUCTIONS, INC.



Principal Place of Business

C/O REX MORGAN
7700 W. 20TH AVE.
HIALEAH FL 33016

Mailing Address

7700 W 20TH AVE
HIALEAH FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0205248**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MORGAN, REX
19298 NW 24 COURT
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name **MORGAN REX**
Street Address (P.O. Box Number is Not Acceptable)
19298 N.W. 24 CT.
PEMBROKE PINES
City **MIAMI FL** Zip Code **33029**

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
After September 10, 2003, min will be \$236.25

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MORGAN, REX	19298 NW 24 COURT	PEMBROKE PINES FL 33029				
VD	VALVERDE, EFRAIN	6336 NW 173 TERR.	MIAMI FL				
STD	RUSHING, WESLEY E.	275 N.BISCAYNE RIVER DR.	MIAMI FL				

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]* **REQUIRED**

7-16-03 305-824-1074

CR2E037 (4/03)