

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90141 018 \*\*\*\*70.00

**DOCUMENT # N37846**

1. Entity Name

**AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF.**

Principal Place of Business

**800 NE 12 AVE # E-123**  
**70 S. W. 8TH AVE**  
**HOMESTEAD FL 33030**  
**US**

Mailing Address

**P. O. BOX 8308**  
**HIALEAH FL 33012-1308**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0196538**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIAZ, CARLOS**  
~~**8201 NW 70TH STREET**~~ **800 N.E. 12 Ave # E-123**  
~~**MIAMI FL 33186**~~ **HOMESTEAD, FL 33030**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	PRADA, JOHNNY	7162 W. 17TH COURT	HIALEAH FL	<input type="checkbox"/>
T	ROQUE, SILVINA	11940 SW 188TH ST	MIAMI FL 33177	<input type="checkbox"/>
PD	DIAZ, CARLOS	800 NE 12 AVE # E-123	HOMESTEAD FL 33030	<input type="checkbox"/>
SD	DIAZ, OMAIDA	800 NE 12 AVE # E-123	HOMESTEAD FL 33030	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-00** **305-242-2236**

Date

Daytime Phone #