

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42044

1. Entity Name

MINISTERIO EVANGELISTICO PALABRA DE VIDA, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90166 017 ****70.00

Principal Place of Business

1401 S MILITARY TRL
SUITE I
WEST PALM BEACH FL 33415
US

Mailing Address

PO BOX 7244
LAKE WORTH FL 33463-3228
US

2. Principal Place of Business

3. Mailing Address

1263 S. Military Trail
Suite, Apt. #, etc.

1263 S. Military Trail
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number

65-0243407

Applied For

Not Applicable

Zip
33415

Country
Palm Beach

Zip
33415

Country
Palm Beach

5. Certificate of Status Desired

EX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, VICTOR C.
5550 S 38TH STREET
GREENACRES FL 33463

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 ☐ Delete
NAME DP
STREET ADDRESS HERNANDEZ, VICTOR C.
CITY-ST-ZIP 5550 S 38TH ST
GREEN ACRES FL 33463

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

TITLE ☐ Delete
NAME DST
STREET ADDRESS HERNANDEZ, CARIDAD M.
CITY-ST-ZIP 5550 S 38TH ST
GREENACRES FL 33463

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS FAVIANI, JORGE
CITY-ST-ZIP 5550 S 38TH ST
GREENACRES FL 33463

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)