

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002467

1. Entity Name

CONFRATERNIDAD MESIANICA VISION 2000 INTERNACION

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 014 ****69.90

Principal Place of Business

4101 SW 61ST AVE.
DAVIE FL 33314

Mailing Address

4101 SW 61ST AVE.
DAVIE FL 33314-3526

80021087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0446156

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

HERNANDEZ, DANIEL D
4101 SW 61ST AVE.
DAVIE FL 33314

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 DP ☐ Delete
NAME HERNANDEZ, DANIEL
STREET ADDRESS 4101 SW 61ST AVE.
CITY-ST-ZIP DAVIE FL

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

TITLE DV ☐ Delete
NAME FOSSAS, EMILIO
STREET ADDRESS 4101 SW 61 AVE
CITY-ST-ZIP DAVIE FL 33314

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

TITLE DT ☐ Delete
NAME SANCHEZ, ALBERT
STREET ADDRESS 538 NW 47 AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33314

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

TITLE DS ☐ Delete
NAME ~~PADRON, LUIS~~
STREET ADDRESS 4101 SW 61ST AVE.
CITY-ST-ZIP DAVIE FL

TITLE ☒ Change ☐ Addition
NAME Joshua ben Michael Padron
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: DANIEL HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000

954-791-9244

CR2E037 (9/99)