2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # **N93000004950** May 22, 2000 8:00 am 1. Entity Name Secretary of State FAITH & POWER MINISTRIES, INC. 05-22-2000 90027 045 ****61.25 Principal Place of Business Mailing Address 12921 S.W. 84 ST. ZOO3-N-WATERWAY DR MIAMI FL 33183-4319 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business 14141 56) 825 $\leq \sim$ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0439727 Not Applicable 110m3 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required ゑ゙゙゙゙゙゙゙゙゙゙゙ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUTIERREZ. ANGEL** 14141 SW 82 ST MIAMI FL 33183 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE TITLE ☐ Delete NAME NAME GUTTERREZ, ANGEL E STREET ADDRESS STREET ADDRESS 12921 S.W. 84TH ST. CITY-ST-ZIP CITY-ST-ZIP Miami, FL MIAMI FL 33183 ☐ Addition Change TITI F ☐ Delete TITLE NAME **GUTIERREZ. SONIA A** NAME STREET ADDRESS 1414) SW 82 S STREET ADDRESS 12921 S.W. 84TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME OSORIO, SONIA E NAME STREET ADDRESS STREET ADDRESS 12921 S.W. 84TH ST: CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #