

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90086 025 ****61.25

DOCUMENT # N94000000612

1. Entity Name

TEMPLO DEL ALTISIMO EL ELOHIM, INC.

Principal Place of Business

Mailing Address

7617-19 DAVIE RD EXTENSION
HOLLYWOOD FL 33032

7617-19 DAVIE RD. EXTENSION
HOLLYWOOD FL 33023

00014370



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

64-0469801

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

VAZQUEZ, RAFAEL
7200 ALHAMBRA BLVD
MIRAMAR FL 33024

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
PD
VAZQUEZ, RAFAEL
7200 ALHAMBRA BLVD
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
VAZQUEZ, ESPERANZA
7200 ALHAMBRA BLVD
MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CENDALES, BELINDA
1415 3RD AVE APT#2
FT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VAZQUEZ, LUIS
7623 DAVIE RD EXTENTION
HOLLYWOOD FL 33023 ☐ Delete

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☐ Delete

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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 #

954-964-7801