

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000762

1. Entity Name

MINISTERIO EVANGELISTICO "RECONCILIACION", INC.

Principal Place of Business

749 WEST 36 ST
HIALEAH FL 33012
US

Mailing Address

749 WEST 36 ST
HIALEAH FL 33012-5137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0470867

Applied For

Not Applicable

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

QUINONEZ, JOSE R
749 WEST 36 ST
HIALEAH FL 33012

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 | PD | <input type="checkbox"/> Delete |
| NAME | QUINONEZ, JOSE R | |
| STREET ADDRESS | 749 W 36TH ST | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GUTIERREZ, HERIBERTA | |
| STREET ADDRESS | 749 WESY 36 ST | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GUICHARDO, MERCEDES | |
| STREET ADDRESS | 749 WEST 36 ST | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | HERRERA, ROLANDO | |
| STREET ADDRESS | 749 W 36TH ST | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | RUEDA, LUIS C | |
| STREET ADDRESS | 749 WEST 36TH ST | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | TV | <input type="checkbox"/> Delete |
| NAME | GUTIERREZ, CRISTOBAL | |
| STREET ADDRESS | 749 WEST 36 STREET | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90018 014 ****70.00

00025287



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)