

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N94000001289

1. Entity Name

MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.

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

03-29-2000 90056 027 ****61.25

Principal Place of Business

Mailing Address

1546 W. FLAGLER ST.
MIAMI FL 331351546 W. FLAGLER ST.
MIAMI FL 33135-2118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0476715

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

GONZALEZ, JOSE LUIS
 1253 N.W. 5 ST., # 1
 MIAMI FL

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 P
 STREET ADDRESS GONZALEZ, JOSE LUIS
 CITY-ST-ZIP 1253 N.W. 5TH ST., # 1
 MIAMI FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VALENCIA, MATILDA E
 CITY-ST-ZIP 1253 N.W. 5TH ST., # 1
 MIAMI FL

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS GONZALEZ, GLORIA E
 CITY-ST-ZIP 1253 N.W. 5TH ST., # 1
 MIAMI FL

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

TITLE ☒ Delete
 NAME T
 STREET ADDRESS MENDEZ, GONZALO ANTONI
 CITY-ST-ZIP 744 N.W. 22ND AVENUE
 MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME T
 STREET ADDRESS Salazar, Nuvia Marlene
 CITY-ST-ZIP 11945 SW 173 Terr
 Miami FL. 33177

TITLE ☒ Delete
 NAME T
 STREET ADDRESS MENDEZ, MARINA E
 CITY-ST-ZIP 744 NW 22 AVE
 MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS Escobar, Ligia
 CITY-ST-ZIP 1838 NW 15 St.
 Miami FL. 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SIGNATURE: SIG. JOSE LUIS GONZALEZ, PRESIDENT

03-17-2000 (307) 326-1036

Date

Daytime Phone #

CR2E037 (9/99)