

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000004049**

1. Entity Name
DISCIPLESHIP INTERNATIONAL, INC.

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
1450 SW 87th AVE #P 1450 SW 87th AVE #P
MIAMI FL 33174-3342 MIAMI FL 33174-3342
US 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 **65-0515402** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **VIDAL, HUGO**
1450 SW 87 AVE #P
MIAMI FL 33174
7. Name and Address of New Registered Agent
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

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	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VIDAL, HUGO		NAME	
STREET ADDRESS 1450 SW 87 AVE #P		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP 3000003183208--4	
TITLE VD	<input type="checkbox"/> Delete	TITLE -03/24/00--01075	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIDAL, ELIANA M.		NAME	
STREET ADDRESS 1450 SW 87 AVE #P		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP *****61.25 *****61.25	
TITLE SD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VALDES OAPENA, ALICIA A.		NAME	
STREET ADDRESS 1458 W 44th ST		STREET ADDRESS	
CITY-ST-ZIP HAIALEAH FL 33012		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COBIAN, MIRNA		NAME	
STREET ADDRESS 132 NW 32 PL		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE LS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **HUGO VIDAL** **03-14-2000 (305) 229 8876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)