

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004118

1. Entity Name

MINISTERIO DE ALABANZA Y PREDICACION LUZ A LAS N

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90103 007 ****75.00

Principal Place of Business
3500 HIBISCUS PLACE
MIRAMAR FL 33023
US

Mailing Address
3500 HIBISCUS PLACE
MIRAMAR FL 33023-4932
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 65-0514978

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

HERNANDEZ, ROSMIRA
3500 SW HIBISCUS PL
MIRAMAR FL 33023

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 DPT
STREET ADDRESS HERNANDEZ, ROSMIRA
CITY-ST-ZIP 3500 HIBISCUS PLACE
MIRAMAR FL

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

TITLE
NAME DV
STREET ADDRESS MEJIA, PATRICIA
CITY-ST-ZIP 7300 NW 1ST BLDG 6 202
PLANTATION FL 33317

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

TITLE
NAME DS
STREET ADDRESS CADENAS, LOISA C
CITY-ST-ZIP 3500 HIBISCUS PLACE
MIRAMAR FL

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

TITLE
NAME T
STREET ADDRESS MEJIA, PATRICIA
CITY-ST-ZIP 7300 N.W. 1ST, #202
PLANTATION FL 33319

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Rev: ROSMIRA Hernandez Pastor 1-16/00
954-96438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #