

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004325

1. Entity Name

CALLES DE AMOR MINISTRIES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90082 027 ****61.25

Principal Place of Business

2495 W 80 ST
#7
HIALEAH FL 33016-2720

Mailing Address

2495 W 80 ST
#7
HIALEAH FL 33016-2720

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

65-0516900

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

RIVERA, HECTOR
7060 SW 156TH CT
MIAMI FL 33193

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 D ☐ Delete
NAME RIVERA, HECTOR
STREET ADDRESS 7060 SW 156TH CT
CITY-ST-ZIP MIAMI FL 33193

TITLE ☒ Change ☐ Addition
NAME Rivera Hector
STREET ADDRESS 12959 N.W. 18 MANOR
CITY-ST-ZIP Pembroke Pines 33028

TITLE D ☐ Delete
NAME RIVERA, ILJA
STREET ADDRESS 7060 SW 156TH CT
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME Rivera ILJA
STREET ADDRESS 12959 N.W. 18 MANOR
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE VPD ☐ Delete
NAME DELGADO, RUTH
STREET ADDRESS 15888 SW 95TH AVE #226
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ Delete
NAME VELEZ, ELOISA
STREET ADDRESS 136 N.W. 7TH AVE.
CITY-ST-ZIP MIAMI FL 33128

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

TITLE D ☐ Delete
NAME SENA, ANA
STREET ADDRESS 2320 S.W. 57TH AVE.
CITY-ST-ZIP MIAMI FL 33155

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 385-620-7266
Date Daytime Phone #

CR2E037 (9/99)