

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90068 010 \*\*\*\*61.25

**DOCUMENT # N95000002391**

1. Entity Name

**DIFUNDIENDO EL EVANGELIO CORP.**

Principal Place of Business Mailing Address  
**3820 N.W. 12TH STREET 3820 N.W. 12TH STREET**  
**MIAMI FL 33126 MIAMI FL 33126-2611**

2. Principal Place of Business 3. Mailing Address  
**29922 SW 147TH AVE 29922 SW 147TH AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FLORIDA MIAMI FLORIDA**  
 Zip Country Zip Country  
**33033 MIAMI DADE 33033 MIAMI DADE**

4. FEI Number 65-0588602 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERNANDEZ, DOMINGO**  
**3820 N.W. 12TH STREET**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name **DILIO CARRAZANA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**29922 SW 147TH AVE.**  
 City **MIAMI FL** Zip Code **33033**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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	PD FERNANDEZ, DOMINGO	<input checked="" type="checkbox"/> Delete	TITLE NAME	PD CARRAZANA, DILIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3820 N.W. 12TH ST.		STREET ADDRESS	29922 SW 147TH AVE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI, FL 33033	
TITLE NAME	VD CARRAZANA, DILIO	<input type="checkbox"/> Delete	TITLE NAME	VD MARRERO, RAMON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	29922 S.W. 147TH AVE.		STREET ADDRESS	7670 W 34TH CT.	
CITY-ST-ZIP	LEISURE CITY FL 33030		CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	SD FERNANDEZ, SAMUEL	<input type="checkbox"/> Delete	TITLE NAME	VE GUERRA, ERNESTO JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5000 N.W. 4TH TERRACE		STREET ADDRESS	3922 E 18A AVE.	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE NAME	TD ESPINOSA, SANTIAGO	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3210 N.W. 11TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DILIO CARRAZANA** **FEB 21, 2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)