

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90069 019 ****61.25

DOCUMENT # N96000000446

1. Entity Name

ERMITANOS MISIONEROS DEL PADRE CELESTIAL, INC.

Principal Place of Business

Mailing Address

2414 SW 112 PL
 MIAMI FL 33165

2414 SW 112 PL.
 MIAMI FL 33165

2. Principal Place of Business

9795 SW 62 St.

3. Mailing Address

9795 SW 62 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI (FL)

MIAMI (FL)

City & State

City & State

MIAMI (FL)

MIAMI, FL

Zip 33173

Country U.S.A.

Zip 33173

Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0669807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUANO, MARIA E
 2414 SW 112 PL
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name ~~Claudia C. Gomez~~

Street Address (P.O. Box Number is Not Acceptable)

11776 SW 14 terra

City MIAMI, FL

FL Zip Code 33184

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

Maria E. Capuano
 MARIA E. CAPUANO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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

TITLE	D	NAME	CAPUANO, MARIA E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2414 SW 112 PLACE	
CITY-ST-ZIP			MIAMI FL 33165	
TITLE	D	NAME	DIAZ, MARIA E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3061 SW 109 COURT	
CITY-ST-ZIP			MIAMI FL 33165	
TITLE	D	NAME	LOOTENS, FR. ANTONIO O.P.C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2414 SW 112 PL	
CITY-ST-ZIP			MIAMI FL 33165	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Claudia C. Gomez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			11776 SW 14 terra	
CITY-ST-ZIP			MIAMI, FL- 33184	
TITLE	D	NAME	Elizabeth B Valencia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			9795 SW 62 St. MIAMI FL 33155	
CITY-ST-ZIP			MIAMI FL 33155	
TITLE	D	NAME	Andrea Odio Kopper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			11776 SW 14 terra	
CITY-ST-ZIP			MIAMI, FL- 33184	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Antonio Lopez
 ANTONIO LOPEZ

Date

Daytime Phone #

4/10/02. (305) 596 9645

CR2E037 (9/01)