

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001521

1. Entity Name

OPERATION PHILLIP MINISTRY "LED BY THE SPIRIT",

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90057 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3518 NO 12TH STREET  
TAMPA FL 33605

PO BOX 8410  
TAMPA FL 33674-8410  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373176

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

VAZQUEZ, RUBEN  
3518 NO 12TH STREET  
TAMPA FL 33605

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 PD ☐ Delete  
NAME VAZQUEZ, RUBEN  
STREET ADDRESS C/O 3518 NO. 12TH STREET  
CITY-ST-ZIP TAMPA FL 33605

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

TITLE TR ☐ Delete  
NAME DIAZ, AIDA E  
STREET ADDRESS C/O 3518 NO. 12TH STREET  
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ Change ☐ Addition  
NAME DIAZ, AIDA E  
STREET ADDRESS C/O 3518 N. 12th Street  
CITY-ST-ZIP Tampa, FL 33605

TITLE SD ☐ Delete  
NAME RIVERA, NAGGY  
STREET ADDRESS C/O 3518 NO. 12TH STREET  
CITY-ST-ZIP TAMPA FL 33605

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

TITLE D ☐ Delete  
NAME ROSADO, JOSE  
STREET ADDRESS C/O 3518 NO. 12TH STREET  
CITY-ST-ZIP TAMPA FL 33605

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

TITLE D ☐ Delete  
NAME VAZQUEZ, RAQUEL  
STREET ADDRESS C/O 3518 NO. 12TH STREET  
CITY-ST-ZIP TAMPA FL 33605

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

TITLE TD ☐ Delete  
NAME VAZQUEZ, EUGENIO  
STREET ADDRESS C/O 3518 N 12TH ST  
CITY-ST-ZIP TAMPA FL 33605

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-2000 347-1190