

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90060 011 *****61.25

DOCUMENT # N96000001521

1. Entity Name
**OPERATION PHILLIP MINISTRY "LED BY THE SPIRIT",
INC.**



Principal Place of Business

**700 SW 8TH AVENUE
#15
FLORIDA FL 33009
US**

Mailing Address

**700 SW 8TH AVENUE
#15
HALLANDALE FL 33009
US**

2. Principal Place of Business

Hallandale
Suite, Apt. #, etc.

3. Mailing Address

700 SW 8th Ave. #15
Suite, Apt. #, etc.

City & State

Hallandale

City & State

Florida

4. FEI Number **59-3373176**

Applied For

Not Applicable

Zip

33009

Country

Broward

Zip

33009

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, RUBEN
700 SW 8TH AVENUE
#15
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, RUBEN	
STREET ADDRESS	C/O 700 SW 8TH AVENUE #15	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DIAZ, AIDA E	
STREET ADDRESS	C/O 3518 NO. 12TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELENDEZ, MYRTA-I	
STREET ADDRESS	C/O 9231 NW 15TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, RAQUEL	
STREET ADDRESS	C/O 700 SW 8TH AVENUE #15	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELENDEZ, EDWIN O	
STREET ADDRESS	C/O 9231 NW 15TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *[Signature]* **4/5/03 (804) 459-5614**

CR2E037 (10/02)