

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90832 005 ****61.25

DOCUMENT # N96000002037

1. Entity Name

DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR

Principal Place of Business

400 NW LE JEVNE RD
MIAMI FL 33126
US

Mailing Address

P O BOX 5271
MIAMI LAKES FL 33014-1271
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0658001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NINA, REVERAND J F
9682 FONTAINBLEAU
#309
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

NINA, JOSE F.

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

2801 PINE ISLAND RD N # 301

City

SUNRISE

FL

Zip Code

33322

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NINA, JOSE F	
STREET ADDRESS	9682 FONTAINBLEAU BLVD #311	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NINA, NOEMI E	
STREET ADDRESS	9682 FOUNTAINBLEAU BLVD #309	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELENDEZ, MAY L	
STREET ADDRESS	123 SW 17TH AVE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAILEY, MARY L	
STREET ADDRESS	7781 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024-2533	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, SIXTO	
STREET ADDRESS	3021 SW 37TH TER.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	TACHEL, ROSAURA	
STREET ADDRESS	9682 FONTAINBLEAU BLVD #309	
CITY-ST-ZIP	MIAMI FL 33075	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NINA, JOSE F.	
STREET ADDRESS	2801 PINE ISLAND RD N # 301	
CITY-ST-ZIP	SUNRISE, FL 33322-2353	
TITLE	VT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BETTY	
STREET ADDRESS	846 N 70th Ave	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NINA, CARLOS G	
STREET ADDRESS	2801 PINE ISLAND RD N # 301	
CITY-ST-ZIP	SUNRISE, FL 33322-2353	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)