

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005300

1. Entity Name

FILIPINO OUTREACH MINISTRY, INC.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90067 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14561 SW 97TH ST  
MIAMI FL 33186

14561 SW 97TH ST  
MIAMI FL 33186-6926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0702547

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRUZ, CARLOS  
14561 SW 97TH ST  
MIAMI FL 33186

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 D ☐ Delete  
NAME JIMENEZ, EDNA  
STREET ADDRESS 4633 SW 28TH WAY  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ Change ☒ Addition  
NAME Mary Ann Cayobit  
STREET ADDRESS 20155 SW 79th Court  
CITY-ST-ZIP Miami, FL 33189

TITLE D ☐ Delete  
NAME CRUZ, CARLOS  
STREET ADDRESS 14561 SW 97TH ST.  
CITY-ST-ZIP MIAMI FL 33186

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

TITLE D ☐ Delete  
NAME ARZADON, ALTHEA  
STREET ADDRESS 13517 SW 112TH PLACE  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME AZARDON, JEROME S  
STREET ADDRESS 13517 SW 112TH PLACE  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME PAULE, MARIBEL S  
STREET ADDRESS 15736 SW 144 PL  
CITY-ST-ZIP MIAMI FL 33177

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

TITLE D ☐ Delete  
NAME CRUZ, DIVINIA A  
STREET ADDRESS 14561 SW 97 ST  
CITY-ST-ZIP MIAMI FL 33186

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: Edna M. Jimenez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2000

Date

Daytime Phone #

CR2E037 (9/99)