

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005367

1. Entity Name

UNION ESPIRITUAL DE PASTORES, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90060 050 ****61.25

Principal Place of Business

548 S.W. 5TH ST
 #3
 MIAMI FL 33130

Mailing Address

548 S.W. 5TH ST
 #3
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0764065

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

VEGA, CESAR
 548 S.W. 5TH ST
 #3
 MIAMI FL 33190

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

(After September 13, 2000 min. will be \$236.25)

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
 NAME: BVEGA, CESAR REV.
 STREET ADDRESS: 548 S.W. 5TH ST #3
 CITY-ST-ZIP: MIAMI FL 33130 ☐ Delete

TITLE: CESAR YEGA REV.
 NAME: 548 S.W. 5TH ST #3
 STREET ADDRESS: Mia Fla 33128
 CITY-ST-ZIP: P.O. Box - 913765 Mia Fla 33101 ☒ Change: -- ☐ Addition

TITLE: D
 NAME: MONT, HECTOR
 STREET ADDRESS: 10303 S.W. 24TH ST #203
 CITY-ST-ZIP: MIAMI FL 33165 ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: D
 NAME: MONT, OLGA B
 STREET ADDRESS: 10303 S.W. 24TH ST #203
 CITY-ST-ZIP: MIAMI FL 33165 ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

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

9-5-2000

Date

Daytime Phone #

CR2E037 (5/00)