

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001597

1. Entity Name

MINISTERIO EVANGELISTICO LA VOZ DEL SENOR, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90043 014 \*\*\*\*70.00

Principal Place of Business  
19850 SW 208 ST  
MIAMI FL 33187

Mailing Address  
19850 SW 208 ST  
MIAMI FL 33187-3110

2. Principal Place of Business  
1620 NW 3 Street

3. Mailing Address  
P.O. Box 01-6396

Suite, Apt. #, etc.  
Apt. #4

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33125

Country

Zip  
33101

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0737263

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINONES, VICENTE 19850 SW 208 ST MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GONZALEZ, AHIEZEL 19850 SW 208 ST MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZECENA, YOLANDA 19850 SW 208 ST MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICO, CONSUELO 19850 SW 208 ST MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINONES, VICENTE 1620 NW 3 Street, Apt #4 MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (notice last name corrected)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GONZALEZ, Ahiezel 1620 NW 3 Street, Apt #4 Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZECENA, YOLANDA 1620 NW 3 Street, Apt #4 Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICO, CONSUELO 1620 NW 3 Street, Apt #4 Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Vicente Quinones, President 5/25/2000 (305) 642-7634 (787) 261-9314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 137 (9/99)