2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State
05-31-2001 90001 028 ****70.00

DOCUMENT # N97000001597

1. Entity Name
MINISTERIO EVANGELISTICO LA VOZ DEL SENOR, INC.

Principal Place of Business	Mailing Address

55323
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
611 SW 21 Avenue	611 SW 21 Avenue
Suite, Apt. #, etc. Apt. # 3	Suite, Apt. #, etc. Apt. # 3
City & State Miami, FL	City & State Miami, FL
Zip 33135 Country	Zip 33135 Country

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	7. Name and Address of New Registered Agent
	Name AMERILAWYER CHARTERED
	Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA Avenue
	City Coral Gables FL Zip Code 33134

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DP QUINONES, VICENTE 611 SW 21 AVENUE, Apt # 3 MIAMI, FL 33135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DVT ZECENA, YOLANDA 611 SW 21 Avenue, Apt #3 MIAMI, FL 33135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DS RICO, CONSUELO 611 SW 21 AVENUE, Apt#3 MIAMI, FL 33135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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, Director/president April 27, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #