

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002075

1. Entity Name

HOLINESS TO THE LORD PENTECOSTAL MISSION INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90034 048 ****70.00

Principal Place of Business

Mailing Address

30121 S.W. 156 AVE.
LEISURE CITY FL 33033

30121 S.W. 156 AVE.
LEISURE CITY FL 33033-3514

2. Principal Place of Business

30121 SW 156 Ave.

3. Mailing Address

30121 SW 156 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Leisure City FL
Zip 33033
Country USA

City & State

Leisure City FL
Zip 33033
Country USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAEZ, RAFAEL REV
30121 S.W. 156 AVE.
LEISURE CITY FL 33033

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	DP	<input type="checkbox"/> Delete
NAME	BAEZ, RAFAEL	
STREET ADDRESS	30121 SW 156 AVE	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAGAN, ENID	
STREET ADDRESS	16472 SW 304 ST APT #105	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RENTAS, JUANITA	
STREET ADDRESS	808 E MOWRY DR APT #406	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rentas, Juanita	
STREET ADDRESS	808 E MOWRY DR apt #406	
CITY-ST-ZIP	Homestead, FL 33030	
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: *Rafael Baez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2000 (305) 245-1448
Date Daytime Phone #

CR2E037 (9/99)