

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
05-08-2000 90206 012 \*\*\*\*61.25

DOCUMENT # N98000002201

1. Entity Name

**IN HIS PRESENCE MINISTRIES INC.**

Principal Place of Business

Mailing Address

8798 NW 150TH ST.  
MIAMI FL 33018

8798 NW 150TH ST.  
MIAMI FL 33018-1316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2157271

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

RIVAS, LOURDES  
8798 NW 150TH ST.  
MIAMI FL 33018

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:**  
**FEES 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 PD  
NAME RIVAS, LOURDES  
STREET ADDRESS 8798 NW 150TH ST.  
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE PD  
NAME Rivas, Lourdes  
STREET ADDRESS 8798 NW 150 ST.  
CITY-ST-ZIP Miami Lakes, FL 33018 ☒ Change ☐ Addition

TITLE VD  
NAME RAMIREZ, OSCAR  
STREET ADDRESS 8798 NW 150TH ST.  
CITY-ST-ZIP MIAMI FL 33018 ☒ Delete

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

TITLE STD  
NAME SUNG, ELENA  
STREET ADDRESS 8798 NW 150TH ST.  
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE VTD  
NAME Sung, Elena  
STREET ADDRESS 8798 NW 150th ST.  
CITY-ST-ZIP Miami Lakes, FL 33018 ☒ Change ☐ Addition

TITLE D  
NAME SUNG, LUIS  
STREET ADDRESS 8798 NW 150TH ST  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

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

TITLE D  
NAME FERRARA, SUSANA  
STREET ADDRESS 8798 NW 150TH ST  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE DS  
NAME Ferrara, Susana  
STREET ADDRESS 8798 NW 150 ST.  
CITY-ST-ZIP Hialeah, FL 33018 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

4-25-00 (305) 826-8896

CR2E037 (9/99)