

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90029 039 *****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

2. Principal Place of Business

3. Mailing Address

8798 NW 150th ST.

8798 NW 150th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

52-2157271

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

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

Rivas, Lourdes

Street Address (P.O. Box Number is Not Acceptable)

8798 NW 150th ST

City

Miami Lakes,

FL

Zip Code

33018

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

Lourdes Rivas

3-28-01

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	PD RIVAS, LOURDES	<input type="checkbox"/> Delete
STREET ADDRESS	8798 NW 150 ST	
CITY - ST - ZIP	MIAMI LAKES FL 33018	
TITLE NAME	VTD SUNG, ELENA	<input type="checkbox"/> Delete
STREET ADDRESS	8798 NW 150TH ST	
CITY - ST - ZIP	MIAMI LAKES FL 33018	
TITLE NAME	D SUNG, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	8798 NW 150TH ST	
CITY - ST - ZIP	HIALEAH FL 33018	
TITLE NAME	DS FERRARA, SUSANA	<input type="checkbox"/> Delete
STREET ADDRESS	8798 NW 150TH ST	
CITY - ST - ZIP	HIALEAH FL 33018	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	D Sung, Luis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8798 NW 150th ST	
CITY - ST - ZIP	Miami Lakes, FL 33018	
TITLE NAME	DS Ferrara, Susana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8798 N.W 150th ST.	
CITY - ST - ZIP	Miami Lakes, FL 33018	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Lourdes Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

Daytime Phone #

(305) 826-8998

(305) 372-8993

CR2E037 (10/00)