

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002527

1. Entity Name

KING OF KINGS AND LORD OF LORDS WORLD MINISTRIES

Principal Place of Business

14058 SW 139 COURT
MIAMI FL 33186

Mailing Address

13041 SW 17 TERR
MIAMI FL 33175-1228
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SASTRE, ANTONIO
14058 SW 139 COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name (same)

Street Address (P.O. Box Number is Not Acceptable)
13041 S.W. 17 Terr

City Miami

FL

Zip Code 33175

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 ANTONIO SASTRE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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 PD
NAME SASTRE, ANTONIO
STREET ADDRESS 13041 SW 17 TERR
CITY-ST-ZIP MIAMI FL 33176-1228 ☐ Delete

TITLE VD
NAME SASTRE, MARIA V
STREET ADDRESS 13041 SW 17 TERR
CITY-ST-ZIP MIAMI FL 33176-1228 ☐ Delete

TITLE D
NAME SALINAS, ALICIA
STREET ADDRESS 642 HIALEAH DR
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE SD
NAME JONAVARA, CARLOS
STREET ADDRESS 11974 SW 195 ST
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE TD
NAME JONQUEREA, MARGARITA
STREET ADDRESS 11974 SW 195 ST
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME Junquera, Carlos
STREET ADDRESS (same)
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Junquera, Margarita
STREET ADDRESS (same)
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MARGARITA JONQUEREA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90989 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)