

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002982

1. Entity Name

LOVE AND HOLINESS MINISTRIES, INC.

Principal Place of Business

12801 S.W. 248TH TERRACE  
MIAMI FL 33032

Mailing Address

12801 S.W. 248TH TERRACE  
MIAMI FL 33032-9093

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

HURTADO, MIGUEL A  
12801 S.W. 248TH TERRACE  
MIAMI FL 33032

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	PD	<input type="checkbox"/> Delete
NAME	HURTADO, MIGUEL A	
STREET ADDRESS	12801 S.W. 248TH TERRACE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HURTADO, YNES A	
STREET ADDRESS	12801 S.W. 248TH TERRACE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDES, FARA C	
STREET ADDRESS	712 NW 111TH PLACE #7	
CITY-ST-ZIP	MIAMI FL 33172	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, FARA CX	
STREET ADDRESS	15018 S.W. 90 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THAISA BARBOSA	
STREET ADDRESS	12801 S.W. 248 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33032	
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:

SIGNATURE

3/10/2000 (30) 755-4460

Date Daytime Phone #