

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003844

1. Entity Name

ELIM MISSIONARY COMMUNITY OUTREACH CENTER CORPOR

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90137 018 ****61.25

Principal Place of Business

11500 SW 182ND TERRACE
MIAMI FL 33157

Mailing Address

11500 SW 182ND TERRACE
MIAMI FL 33157-4980

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ALFREDO J
11500 SW 182ND TERRACE
MIAMI FL 33157

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	☐ Delete
NAME	GARCIA, ALFREDO J REV.	
STREET ADDRESS	11500 SW 182ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	Same
TITLE	VD	☐ Delete
NAME	GARCIA, MARTHA	
STREET ADDRESS	11500 SW 182ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	Same
TITLE	SD	☐ Delete
NAME	CRUZ, MARIANELA	
STREET ADDRESS	11500 SW 182ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	Same
TITLE	VD	☐ Delete
NAME	TORRES, ZORAIDA M	
STREET ADDRESS	11500 SW 182ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	Same
TITLE	TD	☐ Delete
NAME	TORRES, SAMUEL	
STREET ADDRESS	11500 SW 182ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	Same
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Alfredo J Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (305) 252-4061

CR2E037 (9/99)