

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90064 003 \*\*\*\*61.25

0041653

**DOCUMENT # N98000003844**

1. Entity Name

**ELIM MISSIONARY COMMUNITY OUTREACH CENTER CORPOR**

Principal Place of Business

11500 SW 182ND TERRACE  
 MIAMI FL 33157

Mailing Address

11500 SW 182ND TERRACE  
 MIAMI FL 33157

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*Same*

Suite, Apt. #, etc.

*Same*

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**

TITLE **VD** ☐ Delete  
 NAME **GARCIA, MARTHA**  
 STREET ADDRESS **11500 SW 182ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD** ☐ Delete  
 NAME **CRUZ, MARIANELA**  
 STREET ADDRESS **11500 SW 182ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VD** ☐ Delete  
 NAME **TORRES, ZORAIDA M**  
 STREET ADDRESS **11500 SW 182ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☐ Delete  
 NAME **TORRES, SAMUEL**  
 STREET ADDRESS **11500 SW 182ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33157**

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)