

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005368

1. Entity Name

MINSTERIO EL HIJO PRODIGO, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90014 018 ****61.25

Principal Place of Business

1331 CHIEF TRAIL
ORLANDO FL 32825

Mailing Address

P O BOX 570745
ORLANDO FL 32857-0745

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3498260

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREW, GLORIA
5912 PARK HAMILTON BLVD #133
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name SONIA REYES

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

1331 CHIEF TRAIL

City ORLANDO FL.

FL

Zip Code 32825

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

Sonia Reyes

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

(NOTE: Registered Agent signature required when reinstating)

June 13/00

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	CARRION, RIGOBERTO	
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, JUAN	
STREET ADDRESS	1551 HIALEAH ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUBANO, ADA	
STREET ADDRESS	10104 SEARY ST	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	REYES, SONIA	
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION, RIGOBERTO	
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN MENDEZ	
STREET ADDRESS	3221 NATOMA WAY	
CITY-ST-ZIP	ORLANDO, FL. 32821	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUBANO, ADA	
STREET ADDRESS	10104 SEARY ST.	
CITY-ST-ZIP	ORLANDO, FL. 32817	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, SONIA	
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO, FL. 32825	
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 REQUIRED

JUNE 13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #