

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N98000005898

1. Entity Name

MINISTERIO EVANGELISTICO Y MISIONERO, LUZ Y VIDA

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90090 029 ****61.25

Principal Place of Business

2828 SANTA BARBARA BLVD.
CAPE CORAL FL 33914

Mailing Address

2828 SANTA BARBARA BLVD.
CAPE CORAL FL 33914-4575

2. Principal Place of Business

3910 SW 26th Ct.

3. Mailing Address

SAME as #2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

Country

Zip

Country

33914

Lee

4. FEI Number

65-0915980

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

SALAS, PLUTARCO
2828 SANTA BARBARA BLVD.
CAPE CORAL FL 33914

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

Plutarco Salas

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

(NOTE: Registered Agent signature required when reappointing)

DATE

5-10-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALAS, PLUTARCO	
STREET ADDRESS	2828 SANTA BARBARA BLVD	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, ALEXANDER	
STREET ADDRESS	1657 IONA LAKES DR.	
CITY - ST - ZIP	FORT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SALAS, LUZ E	
STREET ADDRESS	2828 SANTA BARBARA BLVD	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Plutarco Salas REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00

Date

(941) 540-8524

Daytime Phone #

CR2E037 (9/99)