

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90089 044 ****70.00

DOCUMENT # N98000007153

1. Entity Name

EMILIO REYES MINISTRIES, INC.



Principal Place of Business

**693 LIVE OAK LANE
WESTON FL 33327**

Mailing Address

**693 LIVE OAK LANE
WESTON FL 33327**

2. Principal Place of Business

172 NW 75th Way

Suite, Apt. #, etc.

3. Mailing Address

172 NW 75th Way

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number **65-0878244**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REYES, REV ENILO A
693 LIVE OAK LANE
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **Rev. Emilio A. Reyes**

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

172 NW 75th Way

City

Plantation

FL

Zip Code

33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. Emilio A. Reyes **Emilio A. Reyes**

2/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **REYES, EMILIO A**
STREET ADDRESS **693 LIVE OAK LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VD** ☐ Delete
NAME **REYES, LILLIAN**
STREET ADDRESS **693 LIVE OAK LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **SD** ☐ Delete
NAME **SUAZO, LILYBETH**
STREET ADDRESS **4839 NW 9TH DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **TD** ☐ Delete
NAME **BRUNO, ANTONIO**
STREET ADDRESS **1141 SW 85 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33025**

TITLE **D** ☐ Delete
NAME **ESTRADA, REV DORCAS**
STREET ADDRESS **9620 NW 3RD STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **ESTRADA, REV. VICTOR M**
STREET ADDRESS **9620 NW 3RD STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Reyes, Emilio A.**
STREET ADDRESS **172 NW 75th Way**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **VD** ☒ Change ☐ Addition
NAME **Reyes, Lillian**
STREET ADDRESS **172 NW 75th Way**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **SD** ☒ Change ☐ Addition
NAME **Suazo, Lilybeth**
STREET ADDRESS **8741 NW 4th Court #103**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **TD** ☒ Change ☐ Addition
NAME **Reyes, Alexander**
STREET ADDRESS **172 NW 75th Way**
CITY-ST-ZIP **Plantation, FL 33317**

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:

Emilio A. Reyes **Emilio A. Reyes**

2/1/03

954-444-0192

CR2E037 (10/02)