

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90063 029 \*\*\*\*61.25

0005952

**DOCUMENT # N99000000482**

1. Entity Name

**AGAPE MINISTERIO DE RESTAURACION, INC.**

Principal Place of Business

14116 VILLAGE TERRACE DR.  
 TAMPA FL 33624

Mailing Address

P.O. BOX 270069  
 TAMPA FL 33688

2. Principal Place of Business

7609 Lemon Wood Ct

3. Mailing Address

7609 Lemon Wood Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3551838

Applied For

Not Applicable

Zip

33625

Country

Hillsborough

Zip

33625

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VELEZ, ANDRES  
 12410 CARDIFF DR.  
 TAMPA FL

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  
 NAME AJO, YOLANDA S  
 STREET ADDRESS 14116 VILLAGE TERRACE DR.  
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE SD  
 NAME AJO, ALEX A  
 STREET ADDRESS 14116 VILLAGE TERRACE DR.  
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE V  
 NAME AJO, HENRY E  
 STREET ADDRESS 14116 VILLAGE TERRACE DR.  
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE T  
 NAME ZELDA, JOHN D  
 STREET ADDRESS 14116 VILLAGE TERRACE DR.  
 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME Ajo Yolanda S  
 STREET ADDRESS 7609 Lemon Wood Ct  
 CITY-ST-ZIP Tampa FL 33625 ☒ Change ☐ Addition

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

TITLE V  
 NAME Ajo Henry E  
 STREET ADDRESS 19803 MORDEN BLUSH DR  
 CITY-ST-ZIP Lotz FL 33625 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

813-792-8585

Daytime Phone #

CR2E037 (10/00)