

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90086 037 \*\*\*\*61.25

**DOCUMENT # N99000003301**

1. Entity Name

**ASOCIACION DE MINISTROS DE BROWARD, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 491006  
 FT. LAUDERDALE FL 33349-1006

P.O. BOX 491006  
 FT. LAUDERDALE FL 33349-1006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0810410**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VAZQUEZ, RAFAEL JR**  
**7200 ALHAMBRA BLVD.**  
**MIRAMAR FL 33023**

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 Rafael Vazquez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Rafael Vazquez* 1/25/00

**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	PD <input type="checkbox"/> Delete
NAME	Juan Gonzalez
STREET ADDRESS	1299 S.W. 112 Way
CITY-ST-ZIP	FT. Lauderdale, Fl. 33323
TITLE	VSD <input type="checkbox"/> Delete
NAME	Rafael Vazquez
STREET ADDRESS	7200 Alhambra Blvd
CITY-ST-ZIP	Miramar, Fl. 33023
TITLE	TD <input type="checkbox"/> Delete
NAME	Alejandro Rodriguez
STREET ADDRESS	8100 S.W. 12th St.
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33068
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"/> 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
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	
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 an other like empowered.

**SIGNATURE:** Rafael Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

954 964-7801

Date

Daytime Phone #