

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003357

1. Entity Name

SAN FRANCISCO DE ASIS EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

15650 MIAMI LAKEWAY NORTH
MIAMI LAKES FL 33014

15650 MIAMI LAKEWAY NORTH
MIAMI LAKES FL 33014-5517

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-0923657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESA, MANUEL ARTHUR ESQ.
37TH FLOOR, NATIONSBANK TOWER
100 SOUTHEAST 2ND STREET
MIAMI FL 33131

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	D	<input type="checkbox"/> Delete
NAME	MESA, DALIA J	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESA, MANUEL G	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERUYERO, MARA	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERUYERO, BRAULIO	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEZCANO, JULIA	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERUYERO, GLORIA	
STREET ADDRESS	15650 MIAMI LAKEWAY NORTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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	

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

Date

Daytime Phone #

1/25/00 305-593-7041

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90030 021 ****61.25

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DO NOT WRITE IN THIS SPACE