

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003629

1. Entity Name

CHRISTIAN CONNECTION MINISTRIES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90175 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6550 ROYAL PALM BLVD., A-109  
MARGATE FL 33063-2141

6550 ROYAL PALM BLVD., A-109  
MARGATE FL 33063-2141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0929858

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

MONTALVO, JOHN F JR  
6550 ROYAL PALM BLVD., A-109  
MARGATE FL 33063-2141

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MONTALVO, JOHN F JR  
STREET ADDRESS 6550 ROYAL PALM BLVD., A-109  
CITY-ST-ZIP MARGATE FL 33063-2141

TITLE PRESIDENT & EXECUTIVE DIRECTOR ☒ Change ☐ Addition  
NAME JOHN F. MONTALVO, JR.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GARCIA, LUIS MIGUEL  
STREET ADDRESS 5235 S.W. 103RD AVE.  
CITY-ST-ZIP MIAMI FL 33165

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME LUIS MIGUEL GARCIA  
STREET ADDRESS 10515 S.W. 56TH STREET  
CITY-ST-ZIP MIAMI, FL 33165

TITLE D ☐ Delete  
NAME MONTALVO, EVELYN  
STREET ADDRESS 6550 ROYAL PALM BLVD., A-109  
CITY-ST-ZIP MARGATE FL 33063-2141

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

4/27/2000

(54) 975-6851

CR2E037 (9/99)