

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90800 020 ****61.25

DOCUMENT # N99000005406
 1. Entity Name
L. ROBINSON-CONDESO MINISTRIES, INC.

Principal Place of Business Mailing Address
900 N.E. 127TH ST. N. MIAMI FL 33161 **PMB 211, 12864 BISCAYNE BLVD. N. MIAMI FL 33181-2007**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A **P.O. Box 415143**
 City & State City & State
Miami Beach
 Zip Country Zip Country
33141-5143 **Fla**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
650950516 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON-CONDESO, LILLIE M
900 N.E. 127TH ST.
N. MIAMI FL 33161

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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. President/Founder	<input type="checkbox"/> Delete
NAME Lillie M. Condeso (Robinson)	
STREET ADDRESS 900 N.E. 127th Street	
CITY-ST-ZIP N. Miami, FL 33161	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Aleene L. Mickens	
STREET ADDRESS 660 N.E. 78th Street	
CITY-ST-ZIP Miami, FL 33138	
TITLE D. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Samuel T. Condeso	
STREET ADDRESS 900 N.E. 127th St.	
CITY-ST-ZIP N. Miami, FL 33161	
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 **Lillie M. Condeso** SIGNATURE **Lillie M. Condeso** **4/29/00** **305-758-0111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)