

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUL 20 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N990000006276**

1. Entity Name
ministerio Pan de Vida Inc.

Principal Place of Business
*2401 34th st NW
Winter Haven, Fl.
33881*

Mailing Address
*1121 29th st NW
Winter Haven, Fl
33881*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

06/19/00 90006 014 \$70.00

4. FEI Number
59-3610270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
*maria Perez
1121 29th st NW
Winter Haven, Fl. 33881*

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Treasurer <i>Heriberto meria 1042 29th st NW Winter Haven, Fl. 33881</i>	<input checked="" type="checkbox"/> Delete
President <i>maria Perez "D" 1121 29th st NW Winter Haven, Fl. 33881</i>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Remain
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

Vice President <i>Lino Perez "D" 1121 29th st NW Winter Haven, Fl. 33881</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer <i>Armando P. mares "D" 3580 ave "O" NW Winter Haven, Fl. 33881</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary <i>Juanita Torres "D" P.O. 807 5023 Eloise, Fl 33880</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *6-05-00 (863)*
Daytime Phone # *7914-3122*

CR2E037 (9/99)