

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9900000 6533**

1. Entity Name

FAMILY SUPPORT MINISTRY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 008 ****61.25

Principal Place of Business

3703 NW 121 Ave
Sunrise, FL 33323

Mailing Address

3703 NW 121 Ave
Sunrise, FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957920

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

Ortega, Exy L.
3703 NW 121 Ave.
Sunrise, FL 33323

7. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	Ortega, Exy L.	
STREET ADDRESS	3703 NW 121 Ave	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	Ramirez, Dorys	
STREET ADDRESS	1023 NW 81 Terrace	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	T	<input type="checkbox"/> Delete
NAME	Fiorenza, Frank	
STREET ADDRESS	P.O. Box 24561	
CITY-ST-ZIP	San Jose, CA 95154	
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		<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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiorenza, Frank	
STREET ADDRESS	P.O. Box 24561	
CITY-ST-ZIP	San Jose, CA 95154	
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		

NOTE: 1st name is missing in Div. of Corp records

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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

4/28/00

Date

- 954-5288504

Daytime Phone #

CR2E037 (9/99)