2000 UNIFORM BUSINESS REPORT (UBR)

4/4/20

FILED
Jul 11, 2000 8:00 am
Secretary of State
04-20-2000 90032 043 ****70.00

DOCUMENT # N99000007178

1. Entity Name

JESUS EL BUEN PASTOR INC.

Principal Place of Business	Mailing Address
10001 N. JASMINE AVE. TAMPA FL 33612	10001 N. JASMINE AVE. TAMPA FL 33612

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11900 N. Nebraska Ave.	P.O. Box 82405
Suite, Apt. #, etc. Suite #2	Suite, Apt. #, etc.
City & State Tampa, Fl	City & State Tampa, Fl.
Zip 33612 Country Hillsborough	Zip 33682 Country Hillsborough

4. FEI Number
59 362 3597

☐ 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
QUINONES, IRIS D 10001 N. JASMINE AVE. TAMPA FL 33612	Name: Iris D. Quinones Street Address (P.O. Box Number is Not Acceptable): 28525 Seashell Ct. City: Wesley Chapel FL Zip Code: 33544

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SAME →	TITLE / NAME Juan C. Quinones 28525 Seashell Ct D Wesley Chapel, Fl 33544	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SAME →	TITLE / NAME Iris C. Vélez 10001 N. Jasmine Ave T Tampa, Fl. 33612	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SAME →	TITLE / NAME Iris Quiñones 28525 Seashell ct T Wesley Chapel, Fl 33544	☐ Change ☐ Addition

CR2E037 (9/99)

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: Iris D. Quinones 4/5/2000 (813) 907-8591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

At 6/30 the address and the phone # change