

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 001 ***150.00

DOCUMENT # P01000035249

1. Entity Name

ministerio Vision de Dios en Tablas, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8951 SW 72st

Suite, Apt. #, etc.

#108

City & State

miami 33173

Zip

FL

Country

3. Mailing Address

8951 SW 72st

Suite, Apt. #, etc.

108

City & State

miami FL

Zip

33173

Country

USA

54056650

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

maritza Ramos

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

8951 SW 72st #108

City

miami FL

FL

Zip Code

33173

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

PSTD
Ramos, maritza
8951 SW 72st #108
miami FL 33173

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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 #

5-31-04

CR2E034B (12/02)