

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095677

1. Entity Name

AMANECEER CHRISTIAN NETWORK INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90054 025 ***150.00

Principal Place of Business

Mailing Address

1900 CORAL WAY
203
MIAMI FL 33145
US

1900 CORAL WAY
203
MIAMI FL 33245-1395
US

2. Principal Place of Business

3. Mailing Address

1030 SW 8th
Suite, Apt. #, etc.

PO BOX 451335
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA
Zip 33130 Country USA

MIAMI, FL.
Zip 33130 Country USA

4. FEI Number

65-0793493

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

LOPEZ, FRANK
982 SW 8 ST
MIAMI FL 33130

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, RODOLFO S	
STREET ADDRESS	4440 SW 3 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, FRANCISCO	
STREET ADDRESS	4440 SW 3 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRA, ROSA	
STREET ADDRESS	4440 SW 3 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINONES, ELVIN	
STREET ADDRESS	4440 SW 3 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, FRANCISCO	
STREET ADDRESS	982 SW 8th	
CITY-ST-ZIP	MIAMI, FL. 33130	
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		

13. 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 11 or Block 12 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

Daytime Phone #

CR2E034 (9/99)