# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 23, 2000 8:00 am**
**Secretary of State**
03-23-2000 90013 003 ***150.00

DOCUMENT # F98000102604

1. Entity Name

~~Blessing Productions Msic~~

Blessing Productions Music Ministrie,

| Principal Place of Business | Mailing Address |
|---|---|
| 9395 Nelson Park cir #104 Orlando, FL 32817 | 122 Calabria ave #10 Coral Gables, FL 33134 |

C00043188

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9395 Nelson Park cir | 9395 Nelson Park cir |
| Suite, Apt. #, etc. 104 | Suite, Apt. #, etc. 104 |
| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32817 Country | Zip 32817 Country |

4. FEI Number 59-3562076 ☐ 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 |
|---|---|
| José M. Rosa<br>9395 Nelson Park cir #104<br>Orlando, FL 32817 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 2-12-00
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) ☒

**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. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Rosa, José<br>9395 Nelson Park cir #104<br>Orlando, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>Neciosup, Hector<br>581 NW 109 ST<br>Miami, FL 33168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rosa, Maria<br>9395 Nelson Park cir #104<br>Orlando, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Neciosup, Sandra<br>581 NW 109 ST<br>Miami, FL 33168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Santiago, Eddie<br>11402 SW 148 PATH<br>Miami, FL 33196 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Santiago, Gabriela<br>11402 SW 148 PATH<br>Miami, FL 33196 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** _____ 2-12-00 407-482-9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #