

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90051 010 \*\*\*\*61.25

DOCUMENT # N00000002786

1. Entity Name

MINISTERIO C.E.L. CORPORATION

Principal Place of Business

Mailing Address

6704 VIA REGINA  
 BOCA RATON FL 33433

6704 VIA REGINA  
 BOCA RATON FL 33433

**35561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 W Camino Real

3. Mailing Address

7300 W Camino Real

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0993489

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMES, BRENO R  
 626 S FEDERAL HWY  
 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **Gomes, Breno R**

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

3929 N. Federal Hwy

City **Pompano Beach**

FL

Zip Code

33064

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)

01/22/01

DATE

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALINAS, PEDRO	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALINAS, IVELISE	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUILAR, DIRCE	
STREET ADDRESS	1975 LAKE POINT DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBOSA, LEONOR	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
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		<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Filho, Joao Alves Correa	
STREET ADDRESS	Rua Itajuba 207 - JD Guilhermina	
CITY-ST-ZIP	Praia Grande - SP Brazil - 11701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guimaraes, Heloisa H	
STREET ADDRESS	7300 W Camino Real Suite 100	
CITY-ST-ZIP	Boca Raton, FL 33433	

CR2E037 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01

Date

561-392-0983

Daytime Phone #