

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90112 004 ****61.25

DOCUMENT # N28328

1. Entity Name

MINISTERIO EVANGELISTICO MONTE DE SION INC.

Principal Place of Business

Mailing Address

**5700 W 12TH AVE
 HIALEAH FL 33012**

**5700 W 12TH AVE
 HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0072705

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

**ARNAEZ, PEDRO
 3508 WEST 73RD TERRACE
 HIALEAH FL 33016**

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)

4-21-02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD ARNAEZ, PEDRO**
 STREET ADDRESS **3508 WEST 73RD TERRACE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MIROSLAVA, ARNAEZ**
 STREET ADDRESS **3508 W 73RD TERRACE**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD GARCIA, MARITZA**
 STREET ADDRESS **18615 N.W. 84 COURT #107**
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE Change Addition
 NAME **TD ADOLFO SERRANO**
 STREET ADDRESS **2669 W. 74 Terrace**
 CITY-ST-ZIP **Hialeah FL 33016**

TITLE Delete
 NAME **SD NIURKA, ALONSO**
 STREET ADDRESS **3355 W 68 ST #141**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME **SD Yoan Polo**
 STREET ADDRESS **760 E. 44 st.**
 CITY-ST-ZIP **Hialeah FL 33014**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED Pedro Arnaez

4-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Phase #

CR2E037 (9/01)