

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90130 037 \*\*\*\*61.25

**DOCUMENT # N28328**



1. Entity Name  
**MINISTERIO EVANGELISTICO MONTE DE SION INC.**

11011714



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**5700 W 12TH AVE  
HIALEAH FL 33012**

Mailing Address  
**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

4. FEI Number **65-0072705**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

SIGNATURE *Arnaez* (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNAEZ, PEDRO</b>	
STREET ADDRESS	<b>3508 WEST 73RD TERRACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MIROSLAVA, ARNAEZ</b>	
STREET ADDRESS	<b>3508 W 73RD TERRACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SERRANO, ADOLFO</b>	
STREET ADDRESS	<b>2669 W. 74 TERRACE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>POLO, YOAN</b>	
STREET ADDRESS	<b>760 E. 44 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arnaez* SIGNATURE REQUIRED

**(305) 362-7667**  
**4-20-2003**

CR2E037 (10/02)