

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90826 038 ****61.25

DOCUMENT # N40127

1. Entity Name

**MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YO
 U", INCORPORATED**

Principal Place of Business

Mailing Address

17920 NW 44TH AVE
 OPA LOCKA FL 33055
 US

17920 NW 44TH AVE
 OPA LOCKA FL 33055
 US

2. Principal Place of Business

3. Mailing Address

17920 N.W. 44th Ave.

17920 N.W. 44th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 OPA LOCKA FL.

City & State
 OPA LOCKA FL.

4. FEI Number

65-0343193

Applied For

Not Applicable

Zip: 33055

Country
 U.S.

Zip: 33055

Country
 U.S.

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

CARDONA, ANA C
 17920 NW 44TH AVE
 MIAMI FL

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

Ana C. Cardona
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/02

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 PD ☐ Delete
 NAME CARDONA, ANA C
 STREET ADDRESS 17920 NW 44TH AVE
 CITY-ST-ZIP OPA LOCKA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME BERDION, ANTONIO REV.
 STREET ADDRESS 4440 SW 1ST ST
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Delete
 NAME CARDONA, ELIEZER
 STREET ADDRESS 17920 NW 44TH AVE
 CITY-ST-ZIP OPA LOCKA FL 33055

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☒ Delete
 NAME MARTINEZ, LUISA
 STREET ADDRESS 13 SOUTH ROYAL POINCIANA #17
 CITY-ST-ZIP MIAMI FL 33166

TITLE S ☐ Change ☒ Addition
 NAME Pastora Leticia Rivera
 STREET ADDRESS 3801 N.W. 17 Ave.
 CITY-ST-ZIP Miami FL 33142

TITLE D ☐ Delete
 NAME CHAMES, ESTHER
 STREET ADDRESS 1035 SE 8TH AVE
 CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME CALDERO, ELSA
 STREET ADDRESS 1155 NW 134TH ST
 CITY-ST-ZIP MIAMI FL 33168

TITLE D ☐ Change ☒ Addition
 NAME Jorge WEITNAVER
 STREET ADDRESS 5090 N.W. 7th St.
 CITY-ST-ZIP Miami FL 33126

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:

Ana C. Cardona
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/02 (305) 625-7365

CR2E037 (9/01)