

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90047 023 ****61.25

DOCUMENT # N40127

1. Entity Name

MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YOU", INCORPORATED



Principal Place of Business

17920 NW 44TH AVE
OPA LOCKA FL 33055
US

Mailing Address

17920 NW 44TH AVE
OPA LOCKA FL 33055
US

2. Principal Place of Business

17920 N.W. 44th Ave.
Suite, Apt. #, etc.

3. Mailing Address

17920 N.W. 44th Ave
Suite, Apt. #, etc.

City & State

OPALOCKA, FL

City & State

OPALOCKA, FL

Zip

33055

Country

U.S.

Zip

33055

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0343193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDONA, ANA C
17920 NW 44TH AVE
MIAMI FL

7. Name and Address of New Registered Agent

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

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

ANAC CARDONA

(NOTE: Registered Agent signature required when reinstating)

4-9-03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARDONA, ANA C	
STREET ADDRESS	17920 NW 44TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERDION, ANTONIO REV	
STREET ADDRESS	4440 SW 1ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARDONA, ELIEZER	
STREET ADDRESS	17920 NW 44TH AVE	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, PASTORA LETICIA	
STREET ADDRESS	3801 N.W. 17 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMES, ESTHER	
STREET ADDRESS	1035 SE 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITNAVER, JORGE	
STREET ADDRESS	5050 N.W. 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	

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	<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:

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

ANAC CARDONA

4-9-03 (305) 625-7365

CR2E037 (10/02)