

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 003 ****61.25

DOCUMENT # N98000006456

1. Entity Name

MINISTERIO PROFETICO RESCUE, INC.



Principal Place of Business

8201 N.W. 198TH ST
MIAMI FL 33015

Mailing Address

8201 N.W. 198TH ST
MIAMI FL 33015

2. Principal Place of Business

18340 NE 2 AVE

3. Mailing Address

18340 NE 2 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI - FL

City & State
NORTH MIAMI - FL

4. FEI Number **65-0876069**

Applied For

Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

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

DA SILVA, JOSE CARLOS V
8201 N.W. 198TH ST
MIAMI FL 33015

Name **DA SILVA, JOSE CARLOS V**

Street Address (P.O. Box Number is Not Acceptable)
3619 NE 207 ST #2109

City **AVENTURA**

FL

Zip Code
33180

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

PRESIDENT

04-16-03

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

(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 **PD** ☐ Delete
NAME **DA SILVA, JOSE CARLOS V**
STREET ADDRESS **8201 N.W. 198TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **VPDD** ☐ Delete
NAME **DORNELAS DA SILVA, APARECIDA**
STREET ADDRESS **8201 N.W. 198TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **TD** ☐ Delete
NAME **NATHER, VALTER**
STREET ADDRESS **1067 NE 204 TERRACE**
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **SD** ☐ Delete
NAME **MACEDO, FLAVIO**
STREET ADDRESS **8201 N.W. 198TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **TD** ☒ Delete
NAME **SHINAGI, ROBERTO**
STREET ADDRESS **1685 NE 23 #619**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE ☐ Change ☒ Addition
NAME **JEFFERSON BIANCHI**
STREET ADDRESS **TD**
CITY-ST-ZIP **1067 NE 204 TERR - MIAMI FL - 33179**

TITLE **SD** ☒ Delete
NAME **PACHECO,IVALDO**
STREET ADDRESS **8201 N.W. 198TH ST**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **DINAH MACEDO**
CITY-ST-ZIP **3619 NE 207 ST #2109**
AVENTURA FL - 33180

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 OF PRESIDENT**

04-16-03

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CR2E037 (10/02)