

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002786

1. Entity Name

MINISTERIO C.E.L. CORPORATION

Principal Place of Business

Mailing Address

~~300 W CAMINO REAL~~

~~7300 W CAMINO REAL~~

~~BOCA RATON FL 33433~~

~~BOCA RATON FL 33433~~

2. Principal Place of Business

6704 VIA REGINA

3. Mailing Address

6704 VIA REGINA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

B. RATON - FL

City & State

B. RATON - FL

Zip

33433

Country

W.P.B

Zip

33433

Country

W.P.B

4. FEI Number

65-0993489

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

Name

PEDRO SALINAS

Street Address (P.O. Box Number is Not Acceptable)

6704 VIA REGINA

City

BOCA RATON

FL

Zip Code

33433

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

Pedro Salinas - PEDRO SALINAS, President

02/14/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALINAS, PEDRO	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALINAS, IVELISE	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGUILAR, DIRCE	
STREET ADDRESS	1975 LAKE POINT DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBOSA, LEONOR	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILHO, JOAO A C	
STREET ADDRESS	RUA ITAJUBA 207	
CITY-ST-ZIP	PRAIA GRANDE SP BRAZIL 11701	
TITLE		<input type="checkbox"/> Delete
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
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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:

Pedro Salinas - PEDRO SALINAS - 02/14/02 (561) 895-5755

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90313 036 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)