

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90151 048 ****61.25

DOCUMENT # *N00000002854*

1. Entity Name

DIOS RESPONDE MINISTRIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3045 NW 19 STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33125

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *NUÑEZ, ALEJANDRO ESQ*

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

250 GIRALDA AVENUE

City *CORAL GABLES*

FL

Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE *PD*
NAME *TERESITA GARCIA EXPOSITO*
STREET ADDRESS *3045 NW 19 STREET*
CITY - ST - ZIP *MIAMI FL 33125*

TITLE *VPD*
NAME *ELADIO EXPOSITO*
STREET ADDRESS *3045 NW 19 STREET*
CITY - ST - ZIP *MIAMI FL 33125*

TITLE *SD*
NAME *EVELYN T. PRADO*
STREET ADDRESS *7523 SW 109 AVENUE*
CITY - ST - ZIP *MIAMI FL 33173*

TITLE *TD*
NAME *MARIA ESTER MATOS*
STREET ADDRESS *3045 NW 19 STREET*
CITY - ST - ZIP *MIAMI FL 33125*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-25-02

(305) 7746222

CR2E037B (12/01)