

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90044 005 \*\*\*\*61.25

0073168

DOCUMENT # N00000004764

1. Entity Name

MINISTERIO CRISTIANO CAMINO AL CIELO, INC.

Principal Place of Business

Mailing Address

21941 SW 124 CT  
MIAMI FL 33170

21941 SW 124 CT  
MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1026636

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

CRUZ, MARVIN A.  
21941 SW 124 CT  
MIAMI FL 33170

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

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  
NAME ORVZ, MARVIN  
STREET ADDRESS 21941 SW 124 CT  
CITY-ST-ZIP MIAMI FL 33170 ☐ Delete

TITLE PD  
NAME CRUZ, LEYLA  
STREET ADDRESS 21941 SW 124 CT  
CITY-ST-ZIP MIAMI, FL 33170 ☒ Change ☐ Addition

TITLE VPD  
NAME CRUZ, LEYLA  
STREET ADDRESS 21941 SW 124 CT  
CITY-ST-ZIP MIAMI FL 33170 ☐ Delete

TITLE VPD  
NAME CRUZ, MARVIN A.  
STREET ADDRESS 21941 SW 124 CT  
CITY-ST-ZIP MIAMI FL 33170 ☒ Change ☐ Addition

TITLE TD  
NAME ABBATE, DALYS  
STREET ADDRESS 123754 SW 248 ST  
CITY-ST-ZIP MIAMI FL 33032 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE S  
NAME EHCEVERRY, AMPARO  
STREET ADDRESS 13844 SW 156 ST  
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE VS  
NAME PORTILLO, JOSE  
STREET ADDRESS 18430 SW 189 ST  
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE VS  
NAME GONZALEZ, PURA  
STREET ADDRESS 15429 SW 138 PL  
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/2/02 (786) 541-7045

CR2E037 (9/01)