2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004811

1. Entity Name

MINISTERIOS APOSTOLAR CENTRO CRISTIANO, INC.

Principal Place of Business	Mailing Address
601 S. ROYAL POINCIANA BLVD. APT 25 A MIAMI SPRINGS FL 33166	601 S. ROYAL POINCIANA BLVD. APT 25 A MIAMI SPRINGS FL 33166

C002735G

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number	☒ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	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
RODRIGUEZ, ROMAN E 601 S. ROYAL POINCIANA BLVD. APT 25 A MIAMI SPRINGS FL 33166	Name **JOSE ROMAN ESPINOZA** Street Address (P.O. Box Number is Not Acceptable) 601 S. ROYAL POINCIANA BLVD # 25A City MIAMI SPRING FL Zip Code 33166

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 _____ 02/19/01

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	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BUSTO, AGUSTO C		NAME	MARENCO AUGUSTO CESAR	
STREET ADDRESS	601 S. ROYAL POINCIANA BLVD. APT. 25 A		STREET ADDRESS	601 S. ROYAL POINCIANA BLVD #25 A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	RODRIGUEZ, JOSE R		NAME	ESPINOZA JOSE ROMAN	
STREET ADDRESS	601 S. ROYAL POINCIANA BLVD. APT. 25 A		STREET ADDRESS	601 S. ROYAL POINCIANA BLVD #25 A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	ORTIZ, IGNACIO C		NAME	CARDENAS IGNACIO CECILIO	
STREET ADDRESS	936 NW 2ND STREET APT 2		STREET ADDRESS	936 NW 2nd STREET # 2	
CITY-ST-ZIP	MIAMI FL 33128		CITY-ST-ZIP	MIAMI FL 33128	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #