

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90011 027 ****70.00

DOCUMENT # N00000004811

1. Entity Name

MINISTERIOS APOSTOLAR CENTRO CRISTIANO, INC.

Principal Place of Business

**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS FL 33166**

Mailing Address

**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS FL 33166**

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

22-3743649
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ESPINOZA, JOSE R
601 S. ROYAL POINCIANA BLVD.
#25A
MIAMI SPRINGS FL 33166****7. Name and Address of New Registered Agent**

Name

SAME

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

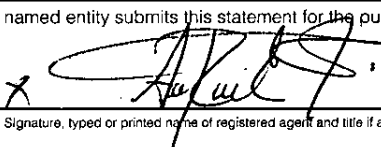
City

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

3-4-02**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CESAR, MARENCO A	
STREET ADDRESS	601 S. ROYAL POINCIANA BLVD. APT. 25 A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ESPINOZA, JOHN R	
STREET ADDRESS	601 S. ROYAL POINCIANA BLVD. APT. 25 A	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CECILIO, CARDENAS I	
STREET ADDRESS	936 NW 2ND STREET APT 2	
CITY-ST-ZIP	MIAMI FL 33128	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTO C. MARENCO	
STREET ADDRESS	SAME ADDRESS (CORRECT NAME)	
CITY-ST-ZIP		

TITLE	TD-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE R. ESPINOZA	
STREET ADDRESS	SAME ADDRESS (CORRECTING NAME)	
CITY-ST-ZIP		

TITLE	SD-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGNACIO C. CARDENAS	
STREET ADDRESS	SAME ADDRESS (CORRECTING NAME)	
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
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-4-02 (305) 888-7578**

Date Daytime Phone #

CR2E037 (9/01)