

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90216 022 \*\*\*\*70.00

**DOCUMENT # N01000006391**

1. Entity Name  
**MINISTERIO CRISTIANO FE Y PODER INCORPORATED**



Principal Place of Business

**18810 NW 44 AVENUE  
MIAMI FL 33055  
US**

Mailing Address

**11201 SW 55 STREET  
BOX 255  
MIRAMAR FL 33025  
US**

2. Principal Place of Business

**1261 SE 8 COURT**

Suite, Apt. #, etc.

3. Mailing Address

**11201 SW 55th STREET**

Suite, Apt. #, etc.

**BOX 255**

City & State

**Hialeah Florida**

Zip

**33010**

Country

**U.S.A.**

City & State

**Miami, Florida**

Zip

**33025**

Country

**U.S.A.**

4. FEI Number **65-1136380**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**GRANADA MARTINEZ, PEDRO A  
11201 SW 55 STREET  
BOX 255  
MIRAMAR FL 33025**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANADA MARTINEZ, PEDRO A	
STREET ADDRESS	11201 SW 55 STREET	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANADA, MARIA	
STREET ADDRESS	11201 SW 55 STREET	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, IRMA	
STREET ADDRESS	11201 SW 55 STREET	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, FREDY	
STREET ADDRESS	11201 SW 55 STREET	
CITY-ST-ZIP	MIRAMAR FL 33025	
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		<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		
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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:

**SIGNATURE: PEDRO GRANADA 02-06-02**

Date

Daytime Phone #

FB25037 (10/02)