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FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90087 045 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008336

1. Entity Name

MINISTERIO PENTECOSTAL PAN DE VIDA, INC.

Principal Place of Business

Mailing Address

555 S. NORTH LAKE BLVD., STE. 53
 ALTAMONTE SPRINGS FL 32701

555 S. NORTH LAKE BLVD., STE. 53
 ALTAMONTE SPRINGS FL 32701

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 **59-3758469**
☒ 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

TAVARA, YVAR
555 S. NORTH LAKE BLVD., STE. 53
ALTAMONTE SPRINGS FL 32701

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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **YVAR TAVARA**
 CITY-ST-ZIP **555 S. NORTH LAKE BLVD., STE. 53**
ALTAMONTE SPRINGS, FL 32701 D

TITLE ☐ Delete
 NAME **TREASURER**
 STREET ADDRESS **RAFAEL HERNANDEZ**
 CITY-ST-ZIP **499 SPANISH TRACE**
ALTAMONTE SPRINGS, FL 32714 D

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **MYRIAM M. TAVARA**
 CITY-ST-ZIP **555 S. NORTH LAKE BLVD., STE. 53**
ALTAMONTE SPRINGS, FL 32701 D

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02 (407)260-8987

Date

Daytime Phone #

CR2E037 (9/01)