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

## DOCUMENT # N02000002382



**FILED** Mar 20, 2003 8:00 am Secretary of State

MINISTERIO CASA DEL ALFARERO, INC.						0.	3-20-2003 90099	010	.00
Principal Place of Business 1444 NE 53RD CT. POMPANO BEACH FL 33064			Mailing Address 1444 NE 53RD CT. POMPANO BEACH FL 33064			1 1881418; <b>6</b> 12 8812	I CORFO BONS BRID BOAN 28114		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	4	City & State			4. FEI Number	8820	<b>⊢</b>	oplied For
Zip		Country	Zip	Country		5. Certificate of Star		\$8.75 Add	
	6. Name	and Address of Current	Registered Agent			7. Name and Addre	ess of New Registere	ed Agent	
			<del></del>	Name	,	<del>_</del>		<u>-</u>	
DELGADO, JESSIE PASTOR 1444 NE 53RD CT.					: Address (I	P.O. Box Number is No	ot Acceptable)		
POMPANO	o Beach F	L 33064		-					
				City			F	Zip Cod	e
			r the purpose of changing its	registered office	or register	ed agent, or both, in th	ne State of Florida. I a	am familiar with,	and accept
the obligat	tions of regist	ered agent.							1
		· ` :							
SIGNATURE :	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)	DAT	 È	
	, 4=			•			-		
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.	188	OFFICERS AND DIF							
IIICE	PD		RECTORS	11.	<i>F</i>	ADDITIONS/CHANGES	S TO OFFICERS AND	DIRECTORS IN	10
NAME		r	RECTORS Delete	TITLE	PB, u	ADDITIONS/CHANGES	S TO OFFICERS AND	DIRECTORS IN	10 Addition
CTREET ADDRESS		JESSIE PASTOR		TITLE NAME	199/4	ADDITIONS/CHANGES	STO OFFICERS AND	☐ Change	
	1444 NE 5	JESSIE PASTOR 3RD CT.		TITLE NAME STREET ADDRES	199/4	ADDITIONS/CHANGES	STO OFFICERS AND		
CITY-ST-ZIP	1444 NE 5	JESSIE PASTOR	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	199/4	44 NE. 5.	3Rd. Ct.	Change	Addition
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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:

9543232960