

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

AMENDED
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 18 AM 8:00

DOCUMENT # N02000004923					
1. Entity Name MINISTERIO APOSTOLICO MUNDIAL COMPASION, INC.					
Principal Place of Business 6503 N MILITARY TRAIL #3107 BOCA RATON, FL 33496			Mailing Address 6503 N MILITARY TRAIL #3107 BOCA RATON, FL 33496		
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 03-0471037	
				5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONSECA, FERNANDO PASTOR 6503 N MILITARY TRAIL #3107 BOCA RATON, FL 33496				7. Name and Address of New Registered Agent	
				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when withdrawing.					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		PD FONSECA, FERNANDO PASTOR ☐ Delete 6503 N MILITARY TRAIL BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
		VD FONSECA, CONSUELO ☐ Delete 6503 N MILITARY TRAIL BOCA RATON, FL 33496		900023178909 09/18/03--01088--002 **61.25	
		SD FONSECA, MARIA ☐ Delete 6503 N MILITARY TRAIL BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
		TD FLORES, ANITA ☒ Delete 6503 N MILITARY TRAIL BOCA RATON, FL 33496		TD Arguello, Walter ☐ Change ☒ Addition 4895 Pimlico Ct West Palm Beach, FL 33415	
		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other the employees.					
SIGNATURE: _____ DATE: 9/8/03					