

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-19-2003 90148 036 ****70.00

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1. Entity Name

MINISTERIO JESUCRISTO A TU ALCANCE, INC.



Principal Place of Business

630 E 59TH STREET
HIALEAH FL 33013

Mailing Address

630 E 59TH STREET
HIALEAH FL 33013
13

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

01-0751950

☐ CHECK HERE IF MAKING CHANGES

01-0751950

01-0751950

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

CUBAS, ALBERTO
630 E 59 STREET
HIALEAH FL 33013

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
NAME CUBAS, ALBERTO
STREET ADDRESS 630 E 59TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE Director ☐ Change ☒ Addition
NAME Alberto Cubas
STREET ADDRESS 630 E 59th street
CITY-ST-ZIP Hialeah, FL 33013

TITLE VP/D ☐ Delete
NAME CUBAS, MAYDELIN
STREET ADDRESS 630 E 59 STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE Director ☐ Change ☒ Addition
NAME Maydelin Cubas
STREET ADDRESS 630 E 59th street
CITY-ST-ZIP Hialeah, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Trustee ☐ Change ☒ Addition
NAME Maria C. Suarez
STREET ADDRESS 6045 NW-186 St. #108
CITY-ST-ZIP Hialeah, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x

Alberto Cubas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/03

Date

(305) 987-6908
(305) 769-6907

Daytime Phone #

CR2E037 (10/02)