

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

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 007 *****62.50

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1. Entity Name

MINISTERIO EVANGELISTICO
 DESENMASCARANDO AL DIABLO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

513 S.W. 28TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

4. FEI Number

30-0178768

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

REV. JESUS M. BERMUDEZ

Street Address (P.O. Box Number is Not Acceptable)

513 S.W. 28TH STREET

City

CAPE CORAL,

FL

Zip Code

33914

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

Jesus M Bermudez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

NON-PROFITS - \$ 62,50

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 JESUS M. BERMUDEZ
 513 SW 28th Street
 Cape Coral, Florida 33914

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE-PRESIDENT
 DIANE TORRES-BERMUDEZ
 513 SW 28th Street
 Cape Coral, Florida 33914

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TREASURER
 JOEL MONTALBO
 4616 SW 8th Place
 Cape Coral, Florida 33914

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 AIXA MONTALBO
 4616 SW 8th Place
 Cape Coral, Florida 33914

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesus M Bermudez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04

Date

(839) 633-1487

Daytime Phone #

CR2E034B (12/02)