

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90081 040 \*\*\*\*61.25

**DOCUMENT # N11851**  
 1. Entity Name  
**MINISTERIO CRISTO VIVE, INC.** ✓

Principal Place of Business 401 NW 107TH AVE. 202 MIAMI FL 33172 US	Mailing Address 401 NW 107TH AVE. 202 MIAMI FL 33172 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>13333 SW 64th Lane</i> Suite, Apt. #, etc. <i>Miami</i> City & State <i>Florida</i>	3. Mailing Address <i>13333 SW 64th Lane</i> Suite, Apt. #, etc. <i>Miami, FL</i> City & State
--	--

Zip <i>33183</i>	Country <i>USA</i>	Zip <i>33183</i>	Country <i>USA</i>
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number <b>59-2806559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PARADA, BERNARDO**  
 401 NW 107TH AVE.  
 202  
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*13333 SW 64th Lane*  
*Miami*  
 City  
**FL** Zip Code  
**33183**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARADA, BERNARDO</b> 401 NW 107TH AVE. MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMORA, NELSA</b> 401 NW 107TH AVE. MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CABALLERO, MICHELLE</b> 17740 NW 85TH AVE. MIAMI LAKES FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13333 SW 64th Lane</i> <i>Miami, FL 33183</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13333 SW 64th Lane</i> <i>Miami, FL 33183</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nelsa Lamora* **THE REQUIRED LAMORA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)