

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

2. Principal Place of Business

13333 SW 64th Lane

Suite, Apt. #, etc.

Miami

City & State

Florida

3. Mailing Address

13333 SW 64th Lane

Suite, Apt. #, etc.

Miami, FL

City & State

Florida

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

59-2806559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

D
LAMORA, NELSA
401 NW 107TH AVE.
MIAMI FL 33172

TITLE ☐ Delete

D
CABALLERO, MICHELLE
17740 NW 85TH AVE.
MIAMI LAKES FL 33015

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

13333 SW 64th Lane
Miami, FL 33183

TITLE ☒ Change ☐ Addition

13333 SW 64th Lane
Miami, FL 33183

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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:

SIGNATURE REQUIRED LAMORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)