

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90034 038 ****70.00

DOCUMENT # N18626

1. Entity Name

CENTRO EVANGELISTICO MISIONERO, INC.

Principal Place of Business

Mailing Address

6206 SW 136 CT
 A108
 MIAMI FL 33183

6206 SW 136 CT
 A108
 MIAMI FL 33183

2. Principal Place of Business

6225 SW Kendall Lake Circle

3. Mailing Address

6225 SW Kendall Lake Circle

Suite, Apt. #, etc.

No D-148

Suite, Apt. #, etc.

No D-148

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

Dade

Zip

33183

Country

Dade

4. FEI Number

57-5650033

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MESA, ALICIA
 6206 SW 136 CT A108
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

Isabel Mesa

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

6225 SW Kendall Lake Circle

No D-148

City

Miami

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 Isabel Mesa, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Isabel Mesa 4-24-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MESA, ISABEL
 STREET ADDRESS 3141 EAST 4 AVENUE
 CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE SD
 NAME MESA, ALICIA
 STREET ADDRESS 3141 EAST 4 AVENUE
 CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE TD
 NAME TIRADO, GLORIA
 STREET ADDRESS 6206 SW 136 CT., #A-101
 CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Isabel Mesa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 (305) 386-3830

CR2E037 (9/01)