

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90074 039 ****70.00

DOCUMENT # N23659

1. Entity Name

MISSIONARY CHURCH OF GOD OF HIALEAH, INC.

Principal Place of Business

Mailing Address

5790 W 13TH CT.
 HIALEAH FL 33012

5790 W 13TH CT.
 HIALEAH FL 33012

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0021521

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ANTONIO R
5790 W 13TH CT.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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.

SIGNATURE

President.

02-13-01

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	PD	<input type="checkbox"/> Delete
NAME	CASTILLO, ANTONIO R.	
STREET ADDRESS	5790 W 13TH CT.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RAFAEL R.	
STREET ADDRESS	9921 W. OKEECHOBEE RD, #321D	
CITY-ST-ZIP	HIALEAH GARDEN FL 33016	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASTILLO, MADELEINE	
STREET ADDRESS	17641 SW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTILLO, ONAN	
STREET ADDRESS	6640 SW 18TH ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVAS, MANTZA	
STREET ADDRESS	6055 W. 19 AVE. #207	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, LAZARO	
STREET ADDRESS	6345 W 22ND CT #202	
CITY-ST-ZIP	HIALEAH FL 33012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Rivas, Octavio A.	
STREET ADDRESS	6055 West 19 Ave. #207	
CITY-ST-ZIP	Hialeah, FL 33012	

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:

2-13-01 (305) 281-4087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)