

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N32724**

1. Entity Name

**MOVIMIENTO CRISTIANO CRISTO ES DIOS, CORPORATION****FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90241 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3321 MORNSIDE SIDE  
KISSIMMEE FL 32743****3321 MORNSIDE SIDE  
KISSIMMEE FL 32743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2946140**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RIOS, MIGUEL A.****3321 MORNING SIDE  
KISSIMMEE FL 32743**

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

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	DP	<input type="checkbox"/> Delete
NAME	RIOS, MIGUEL A.	
STREET ADDRESS	3321 MORNING SIDE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NAVARRO, IRAIDA	
STREET ADDRESS	3321 MORNINGSIDE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUBERT, NILDA	
STREET ADDRESS	3321 MORNINGSIDE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, FRANCISCO	
STREET ADDRESS	3321 MORNINGSIDE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTIAGO, JESUS	
STREET ADDRESS	3321 MORNINGSIDE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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	JACKELINE RIVERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3321 MORNINGSIDE	
STREET ADDRESS	KISSIMMEE FL. 34743	
CITY-ST-ZIP		
TITLE	HECTOR TORRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3321 MORNINGSIDE DR.	
STREET ADDRESS	KISSIMMEE FL 34743	
CITY-ST-ZIP		
TITLE	DAISY SANTIAGO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3321 MORNINGSIDE DR.	
STREET ADDRESS	KISSIMMEE FL. 34743	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/18/00 Daytime Phone # 1-202-671-1228