

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90221 013 ****61.25

DOCUMENT # **N45459**

1. Entity Name

MISION BIBLICA CRISTIANA, INC.

DO NOT WRITE IN THIS SPACE

868770

2. Principal Place of Business

6135 NW 167th STREET

3. Mailing Address

6135 NW 167th STREET

Suite, Apt. #, etc.

E-9

Suite, Apt. #, etc.

E-9

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33015

Country

US

Zip

33015

Country

US

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4. FEI Number

65-0312372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent.

Name

MARIO J. TARASIUK

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

6954 BOTTLE BRUSH DRIVE

City

MIAMI LAKES

FL

Zip Code

33014

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IN THIS SPACE**

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 **P/D**
NAME **TARASIUK, MARIO J.**
STREET ADDRESS **6954 BOTTLE BRUSH DRIVE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D**
NAME **ROSADO, JUAN**
STREET ADDRESS **8221 NW 200th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D**
NAME **ONTANEDA, CESAR**
STREET ADDRESS **3522 NW 95th TERR AV.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D/T/S**
NAME **GOMEZ, JUAN J.**
STREET ADDRESS **7830 NW 161st TERRACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)