

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90125 009 ****61.25

DOCUMENT # N45459

1. Entity Name
MISION BIBLICA CRISTIANA, INC.



Principal Place of Business
**6135 NW 167TH STREET
E-9
HIALEAH FL 33015
US**

Mailing Address
**6135 NW 167TH STREET
E-9
HIALEAH FL 33015
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0312372**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**TARASIUK, MARIO D
6954 BOTTLE BRUSH DRIVE
HIALEAH FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TARASIUK, MARIO D	
STREET ADDRESS	6954 BOTTLE BRUSH DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORADO, RICK	
STREET ADDRESS	9120 FONTAINEBLEAU BLVD # 300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSADO, JUAN	
STREET ADDRESS	8221 N.W. 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONTANEDA, CESAR	
STREET ADDRESS	3522 NW 95 TERR.AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, JUAN D	
STREET ADDRESS	7800 NW 161ST TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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		<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		

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: **NOT REQUIRED**

1/19/03 305-557-1959

CR2E037 (10/02)