2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N94000000762

Entity Name: MINISTERIO EVANGELISTICO "RECONCILIACION", INC.

Current Principal Place of Business:

749 WEST 36 ST
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

749 WEST 36 ST
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0470867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINONEZ, JOSE R
749 WEST 36 ST
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: QUINONEZ, JOSE R
Address: 749 W 36TH ST
City-St-Zip: HIALEAH, FL

Title: TD ( ) Delete
Name: GUTIERREZ, HERIBERTA
Address: 749 WESY 36 ST
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete
Name: GUICHARDO, MERCEDES
Address: 749 WEST 36 ST
City-St-Zip: HIALEAH, FL 33012

Title: TR ( ) Delete
Name: HERRERA, ROLANDO
Address: 749 W 36TH ST
City-St-Zip: HIALEAH, FL

Title: M ( ) Delete
Name: RUEDA, LUIS C
Address: 749 WEST 36TH ST
City-St-Zip: HIALEAH, FL 33012

Title: TV ( ) Delete
Name: GUTIERREZ, CRISTOBAL
Address: 749 WEST 36 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. QUINONEZ PD 04/30/2003
Electronic Signature of Signing Officer or Director Date