**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2001 8:00 am DOCUMENT # N9400000801 **Secretary of State** 1. Entity Name 01-30-2001 90147 036 \*\*\*\*61.25 MINISTERIO EVANGELISTICO "LUZ PARA EL MUNDO" INC Principal Place of Business Mailing Address 16 N.W. 26TH AVENUE 16 N.W. 26TH AVENUE 00012265MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0472312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PORTILLO, RENE A 605 N.W. 72ND AVENUE STE. 208 City Zip Code MIAMI FL 33126 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME PORTILLO, RENE A STREET ADDRESS STREET ADDRESS 605 N.W. 72ND AVE. STE. 208 CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33126 TITLE Delete TITLE ☐ Change Addition NAME PORTILLO, CATALINA F NAME STREET ADDRESS STREET ADDRESS 605 N.W. 72ND AVE. STE. 208 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE Delete - Change ☐ Addition: NAME PORTILLO, MARIA L NAME STREET ADDRESS STREET ADDRESS 1060 N.E. 214TH STREET CITY-ST-7IP CITY-ST-ZIP NO. MIAMI BEACH FL 33179 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

RENE A. PORTILLO PRESIDENT

Date

Daytime Phone #

changed, or on an attachme

SIGNATURE: