

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90234 003 ****61.25

DOCUMENT # N94000000801

1. Entity Name
MINISTERIO EVANGELISTICO "LUZ PARA EL MUNDO" INC



Principal Place of Business

**16 N.W. 26TH AVENUE
MIAMI FL 33125
US**

Mailing Address

**16 N.W. 26TH AVENUE
MIAMI FL 33125
US**

2. Principal Place of Business

1800 SW 1st STREET

3. Mailing Address

1800 SW 1st St

Suite, Apt. #, etc.

#214

Suite, Apt. #, etc.

#214

City & State

MIAMI FL 33135

City & State

MIAMI FL 33135

Zip

33135

Country

DADE

Zip

33135

Country

DADE

6. Name and Address of Current Registered Agent

**PORTILLO, RENE A
605 N.W. 72ND AVENUE
STE. 208
MIAMI FL 33126**

4. FEI Number 65-0472312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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	DP	<input type="checkbox"/> Delete
NAME	PORTILLO, RENE A	
STREET ADDRESS	605 N.W. 72ND AVE. STE. 208	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	PORTILLO, CATALINA F	
STREET ADDRESS	605 N.W. 72ND AVE. STE. 208	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTILLO, MARIA L	
STREET ADDRESS	1060 N.E. 214TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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: RENE A. PORTILLO - PRESIDENT 4/21/03 305-644-8811

CR2E037 (10/02)