

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N940000Q1289**

1. Entity Name

MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.

Principal Place of Business

**1546 W. FLAGLER ST.
MIAMI FL 33135**

Mailing Address

**1546 W. FLAGLER ST.
MIAMI FL 33135****FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90132 007 ****61.25

758795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0476715

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, JOSE LUIS
1253 N.W. 5 ST., # 1
MIAMI FL**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GONZALEZ, JOSE LUIS
1253 N.W. 5TH ST., # 1
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VALENCIA, MATILDA E
1253 N.W. 5TH ST., # 1
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GONZALEZ, GLORIA E
1253 N.W. 5TH ST., # 1
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MENDEZ, GONZALO ANTONI
744 N.W. 22ND AVENUE
MIAMI FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MENDEZ, MARINA E
744 NW 22 AVE
MIAMI FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SALAZAR, NUVIA MARLENE
11945 S.W. 173 terra
Miami, FL. 33177** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OROZCO, RAFAEL ANTONIO
14454 S.W. 47 terra
Miami, FL. 33175** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

NATASCE GONZALEZ REP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 306-326-1036

Date

Daytime Phone #

CR2E037 (10/00)