

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90367 034 ****61.25

DOCUMENT # N94000001289

1. Entity Name

MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.

Principal Place of Business

Mailing Address

1546 W. FLAGLER ST.
 MIAMI FL 33135

1546 W. FLAGLER ST.
 MIAMI FL 33135

32211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**
 NAME **GONZALEZ, JOSE LUIS**
 STREET ADDRESS **1253 N.W. 5TH ST., # 1**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **VALENCIA, MATILDA E**
 STREET ADDRESS **1253 N.W. 5TH ST., # 1**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S**
 NAME **GONZALEZ, GLORIA E**
 STREET ADDRESS **1253 N.W. 5TH ST., # 1**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T**
 NAME **SALAZAR, NUVIA M**
 STREET ADDRESS **11945 SW 173 TERRA**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T**
 NAME **OROZCO, RAFAEL A**
 STREET ADDRESS **14454 SW 47 TERRA**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **T**
 NAME **CLAUDIA CARRIZO**
 STREET ADDRESS **1253 NW 5 st. # 2**
 CITY-ST-ZIP **MIAMI FL. 33125**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)