

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005736

1. Entity Name

MINISTERIO EVANGELISTICO COLUMNAS DE FUEGO, INC.

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90013 007 ****75.00

0006262

Principal Place of Business

Mailing Address

1672 NW 17 Ave.
MIAMI FL
US

300 N.E. 118 TERRACE
NORTH MIAMI FL 33161
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2052 NW 22ct.

3. Mailing Address

Suite, Apt. #, etc.

2nd FLOOR

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

Miami Florida

4. FEI Number 65-0645128

☒ Applied For
☐ Not Applicable

Zip

33142

Country

Dade

Zip

DADE

Country

DADE

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

6. Name and Address of Current Registered Agent

BELTRES, YUNIOR
300 N.E. 118 TERRACE
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI

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

After September 13, 2002,
min. will be \$236.25.

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BELTRES, YUNIOR	
STREET ADDRESS	300 N.E. 118 TERRACE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELTRES, ANGELA	
STREET ADDRESS	300 N.E. 118 TERRACE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VTSD	<input checked="" type="checkbox"/> Delete
NAME	VEGA, MARCO A	
STREET ADDRESS	1536 N.E. 111 ST #1	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORTES, TERESA	
STREET ADDRESS	1536 N.E. 111 STREET - #1	
CITY-ST-ZIP	MIAMI FL 33161	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beltres, Yunior	
STREET ADDRESS	300 NE 118 terrace	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beltres, Angela	
STREET ADDRESS	300 NE 118 terr	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duran, Visente	
STREET ADDRESS	1878 NW 15 St	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cordero, NATALIE	
STREET ADDRESS	1826 NW 3rd St	
CITY-ST-ZIP	Mia FL 33125	
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

SIGNATURE: JUNIOR BELTRES

7-10-02

CR2E037 (4/02)