

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004351

1. Entity Name

MINISTERIO MISIONEROS DEL EL SHADDAI, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90081 011 \*\*\*\*70.00

Principal Place of Business

Mailing Address

29 E 63 ST  
 HIALEAH FL 33013  
 US

~~P.O. BOX~~  
 P. O BOX  
 28178  
 HIALEAH FL 33002

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

65-0692195

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

MENEDEZ, JOSE  
 29 E 63 ST  
 HIALEAH FL 33013

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

03-29-00

**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  Delete  
 NAME VD  
 STREET ADDRESS MENDEZ, RAFAEL A  
 CITY-ST-ZIP 6259 S.W. 62ND CT.  
 MIAMI FL 33142

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME PD  
 STREET ADDRESS MENDEZ, JOSE  
 CITY-ST-ZIP 29 E 63 ST  
 HIALEAH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS MENDEZ, ANA  
 CITY-ST-ZIP 29 E 63 ST  
 HIALEAH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME LUISA VARELA-OFFICER  
 STREET ADDRESS 37 E 63 ST  
 CITY-ST-ZIP HIALEAH FL 33013

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME MAGDALENA GARCIA  
 STREET ADDRESS 7025 West 26 Ave-OFFICER  
 CITY-ST-ZIP HIALEAH FL 33014

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #