

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90053 026 ****61.25

0071041

DOCUMENT # N96000004351

1. Entity Name

MINISTERIO MISIONEROS DEL EL SHADDAI, INC.

Principal Place of Business

Mailing Address

**641 E 43 ST
 HIALEAH FL 33013
 US**

**PO BOX 28178
 HIALEAH FL 33002
 US**

2. Principal Place of Business

3. Mailing Address

231 E 57 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HIALEAH FL

City & State

City & State

Zip

Country

Zip

Country

33012

U.S



DO NOT WRITE IN THIS SPACE

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 **MENEDEZ JOSE**

Street Address (P.O. Box Number is Not Acceptable)
231 E 57 ST

City **Hialeah**

FL

Zip Code **33013**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **O** Delete
 NAME **VARELA, LUISA**
 STREET ADDRESS **37 E 63 ST**
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **O** Delete
 NAME **GARCIA, MAGDELENA**
 STREET ADDRESS **6825 WEST 26 AVE**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **OFFICER** Change Addition
 NAME **LIBDA MENEDEZ**
 STREET ADDRESS **6259 S.W. 62ND CT**
 CITY-ST-ZIP **MIAMI FL 33142**

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

04-25-02

Date

Daytime Phone #

CR2E037 (9/01)