

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**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	<input type="checkbox"/> Delete
NAME	MENEDEZ, RAFAEL A	
STREET ADDRESS	6259 S.W. 62ND CT.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MENEDEZ, JOSE	
STREET ADDRESS	29 E 63 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MENEDEZ, ANA	
STREET ADDRESS	29 E 63 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	VARELA, LUISA	
STREET ADDRESS	37 E 63 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	O	<input type="checkbox"/> Delete
NAME	GARCIA, MAGDELENA	
STREET ADDRESS	6825 WEST 26 AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIBRA 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)