


# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N9600004351*

1. Entity Name  
*MINISTERIO Misioneros DEL EL SMOA*



FILED  
05 MAY -3 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>4221 E 4 Ave.</i> Suite, Apt. #, etc. <i>MIA/CAH FL.</i> City & State		3. Mailing Address <i>520 E 53 ST</i> Suite, Apt. #, etc. <i>MIA/CAH FL</i> City & State	
Zip <i>33013</i>	Country <i>U.S A</i>	Zip <i>33013</i>	Country <i>U. S A</i>

**REINSTATEMENT** *DA-05*

4. FEI Number *65-0692195*

Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *JOSE MENDEZ*

Street Address (P.O. Box Number is Not Acceptable)  
*520 E 53 ST*

City *MIA/CAH* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *900054517959*  
05/13/05--01054--012 \*\*\$1.25

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD MENDEZ TRAPPEL</i> <i>6259 S.W 62ND CT</i> <i>MIAMI FL 33142</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900054517959</i> <i>05/13/05--01054--013 **\$1.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD MENDEZ JOSE</i> <i>520 E 53 ST</i> <i>MIA/CAH FL 33013</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD MENDEZ ANA</i> <i>520 E 53 ST</i> <i>MIA/CAH FL 33013</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O Varela, Luisa</i> <i>37 E 63 ST</i> <i>MIA/CAH FL 33013</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O GARCIA, MAGDELENA</i> <i>6825 WEST 24 AVE.</i> <i>MIA/CAH FL 33014</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>O MENDEZ LIBETH</i> <i>6259 SW 62ND COURT</i> <i>MIAMI FL 33142</i>	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *123-16-05 (305) 803-8510*

CR2E037B (12/02)