

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N97000003634**

1. Entity Name

**MINISTERIO INTERNACIONAL ALPHA, INC.**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90024 023 \*\*\*\*75.00

Principal Place of Business 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179	Mailing Address 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179-4615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0762622** | Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORREA, PAULO A JR**  
**14732 S.W. 132ND PLACE**  
**MIAMI FL 33186**

**7. Name and Address of New Registered Agent**

Name **CORREA, PAULO ALVES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14732 SW 132ND PL**  
 City **MIAMI** FL **33186**

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.

**PAULO CORREA JR**

(NOTE: Registered Agent signature required when reinstating)

**02.04.2000**

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	LUCENA, ROBERTO A	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEREIRA, SEBASTIAO S.	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OLIVEIRA, ANTONIO C	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PIRES, ALESSANDRO H	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTELLO, SELMA	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NEVES, JOSE' S	
STREET ADDRESS	1025 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P/D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREA, PAULO ALVES	
STREET ADDRESS	1025 MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	V/D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREA, ELIANE DA CRUZ	
STREET ADDRESS	1025 MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	V/D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUENO, MARCELO	
STREET ADDRESS	1025 NE MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREA, PAULIANE	
STREET ADDRESS	1025 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELLO, JOSE	
STREET ADDRESS	1025 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREA, JOAO ALVES FILHO	
STREET ADDRESS	1025 NE MIAMI GARDENS DR.	
CITY-ST-ZIP	MIAMI FL 33179	

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

**02.04.2000**

Date

**(305) 969-0754**

**(305) 947-1435**

Daytime Phone #

**2000 UNIFORM BUSINESS REPORT (UBR)****CONTINUATION**  
(Separate Sheet)Title: **SD**Name: **Correa, Elias Alves**

Address: 1025 NE Miami Gardens Dr.

City-ST-ZIP: Miami, FL 33179

Title: **VD**Name: **Alves, Natanael Feliciano**

Address: 1025 NE Miami Gardens Dr.

City-ST-ZIP: Miami, FL 33179

Title: **TD**Name: **Maciel, Joel**

Address: 1025 NE Miami Gardens Dr.

City-ST-ZIP: Miami, FL 33179

Title: **TD**Name: **Silva, Anisio Paulo**

Address: 1025 NE Miami Gardens Dr.

City-ST-ZIP: Miami, FL 33179

Title: **TD**Name: **Santos, Sérgio dos**

Address: 1025 NE Miami Gardens Dr.

City-ST-ZIP: Miami, FL 33179

  
**Paulo Alves Corrêa**  
President