

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90465 012 \*\*\*\*75.00

**DOCUMENT # N97000003634**

1. Entity Name

**MINISTERIO INTERNACIONAL ALPHA, INC.**

Principal Place of Business

**1025 NE MIAMI GARDENS DRIVE  
 MIAMI FL 33179**

Mailing Address

**1025 NE MIAMI GARDENS DRIVE  
 MIAMI FL 33179**

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

**65-0762622**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LUCENA, ROBERTO A 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PEREIRA, SEBASTIAO S 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDM BUENO, MARCELO 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CORREA, PAULIANE 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASTELLO, SELMA 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CORREA, JOAO ALVES 1025 NE MIAMI GARDENS DR. MIAMI FL 33179</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SANTANA, ROQUE 1025 NE Miami Gardens Dr. North Miami Beach, FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANTANA, LUCI 1025 NE Miami Gardens Dr. North Miami Beach, FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **02.28.2001** **305-947-1435**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)