
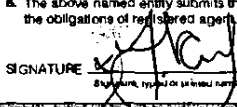
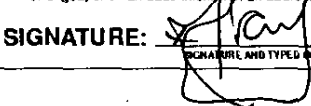


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N97000003774 | |  | 90138659 |
| 1. Entity Name MINISTERIO IRINEO MARTIN GRUBERT, INC. | | | |
| Principal Place of Business 4909 MONARCH LANE KISSIMMEE, FL 34746 | | Mailing Address 4909 MONARCH LANE KISSIMMEE, FL 34746 | |
| 2. Principal Place of Business 4200 SUMMIT CREEK | | 3. Mailing Address 4200 SUMMIT CREEK Blvd | |
| Suite, Apt. #, etc. 9301 | | Suite, Apt. #, etc. 9301 | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | |
| Zip 32837 | | Country US | |
| 4. FEI Number 59-3480649 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRUBERT, IRINEO M 4904 MONARCH LANE KISSIMMEE, FL 34746 | | 7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) 4200 SUMMIT CREEK Blvd, # 9301 City ORLANDO FL Zip Code 32837 | |
| 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  DATE 06.02.2003 | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | 10. FILE NOW FEES \$61.25 | |
| 11. \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GRUBERT, IRINEO M 4909 MONARCH LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARRUDA, MARCO A. 2212 GRAND CAYMAN CT, # 1624 KISSIMMEE, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRUGER, MANFRED M 14716 LAGUNA BEACH CIRCLE ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRUBERT, MARIA 4909 MONARCH LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRUBERT, ANDRE H 1610 WOOD VIOLET DRIVE ORLANDO, FL 32824 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - 6663 MISSION CLUB BLDG. # 106, ORLANDO, FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRUBERT, ANDRE H 4909 MONARCH LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | DATE: 06.02.2003 | |
| PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

CR2E037 (10/02)