

# 2000 UNIFORM BUSINESS REPORT (UBR)

0031992

DOCUMENT # N98000000509

1. Entity Name

MINISTERIO EVANGELISTICO INTERNATIONAL PUERTA AL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 MAR -5 PM 4:07

Principal Place of Business

Mailing Address

3620 NORTHWEST 30TH AVENUE SUITE D402  
MIAMI FL 33142

3620 NORTHWEST 30TH AVENUE SUITE D402  
MIAMI FL 33142-5188

2. Principal Place of Business

1861 NW 6 ST

3. Mailing Address

1861 NW 6 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33125

Country

U.S.A.

Zip

33125

Country

U.S.A.

4. FEI Number

65-0811224

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZO, LEONEL

3620 NORTHWEST 30TH AVENUE SUITE D402  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name LAZO LEONEL

Street Address (P.O. Box Number is Not Acceptable)

1861 N.W. 6 ST.

City

MIAMI, FLORIDA

FL

Zip Code

33125

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

10-4-00

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 PD ☐ Delete

NAME LAZO, LEONEL  
STREET ADDRESS 3620 NORTHWEST 30TH AVENUE SUITE D402  
CITY-ST-ZIP MIAMI FL 33142

TITLE TD ☐ Delete

NAME COLLADO, LEONARDO  
STREET ADDRESS 3620 NORTHWEST 30TH AVENUE SUITE D402  
CITY-ST-ZIP MIAMI FL 33142

TITLE SD ☐ Delete

NAME LAZO, REYNA  
STREET ADDRESS 3620 NORTHWEST 30TH AVENUE SUITE D402  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 500003819785--6  
CITY-ST-ZIP -03/09/01--01008--0095  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 500003819785--6  
CITY-ST-ZIP -03/09/01--01008--010  
\*\*\*\*\*69.00 \*\*\*\*\*69.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS 500003819785--6  
CITY-ST-ZIP -03/09/01--01008--011  
\*\*\*\*\*175.00 \*\*\*\*\*175.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-4-00

CR2E037 (9/99)