

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90698 043 \*\*\*\*70.00

**DOCUMENT # N98000000509**

1. Entity Name

**MINISTERIO EVANGELISTICO INTERNATIONAL PUERTA AL CIELO, INC.**

Principal Place of Business

Mailing Address

1861 NW 6 ST  
 MIAMI FL 33125

1861 NW 6 ST  
 MIAMI FL 33125

2. Principal Place of Business

1861 NW - 6st. Miami

3. Mailing Address

1861 NW - 6st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0811224

Applied For

Not Applicable

Zip

33125

Country

Zip

3-3125

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAZO, LEONEL  
 1861 NW 6 ST  
 MIAMI FL 33125

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-02

**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	<input type="checkbox"/> Delete
PD	LAZO, LEONEL	3620 NORTHWEST 30TH AVENUE SUITE D402	MIAMI FL 33142	<input type="checkbox"/>
TD	COLLADO, LEONARDO	3620 NORTHWEST 30TH AVENUE SUITE D402	MIAMI, FL-33142	<input type="checkbox"/>
SD	LAZO, REYNA	3620 NORTHWEST 30TH AVENUE SUITE D402	MIAMI FL 33142	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Leonel Lazo	1861 NW. 6st. Miami, Fl.	33125	<input type="checkbox"/>	<input type="checkbox"/>
VD	Orlando Ramirez	1861 NW. 6st. Miami. Fl.	33125	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Leonardo Collado	1861 NW. 6st. Miami Fl.	33125	<input type="checkbox"/>	<input type="checkbox"/>
SD	Lazo Reyna	1861 NW - 6st. Miami Fl.	33125	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

5-01-02

CR2E037 (9/01)