

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90229 003 \*\*\*\*61.25

**DOCUMENT # N98000002829**

1. Entity Name

**MINISTERIOS EVANGELICOS "EL SHADDAI", CORP.**

Principal Place of Business

Mailing Address

**1452 WEST FLAGLER  
 MIAMI FL 33135**

**1452 WEST FLAGLER  
 MIAMI FL 33135-2209**

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

**65-0835640**

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

7. Name and Address of New Registered Agent

**EVERARDO, MURALLES REV.  
 2500 S.W. 18TH STREET  
 APARTMENT #2  
 MIAMI FL 33145**

Name **Jose Mauricio Cortez**

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

~~Bertrudis Mejia~~  
**909 N.W. 5 St. # 402**

City **Miami**

**FL**

Zip Code **33128**

8. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Jose Mauricio Cortez*

*Bertrudis Mejia*

*Bertrudis Mejia*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-28-00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE-- **D**  Delete  
 NAME **EVERARDO, MURALLES REV.**  
 STREET ADDRESS **143 NW 17 COURT**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **TD**  Change  Addition  
 NAME **Jose Mauricio Cortez**  
 STREET ADDRESS **909 N.W. 5 St. Apt. 402**  
 CITY-ST-ZIP **Miami, FL. 33128**

TITLE **VD**  Delete  
 NAME **MURALLES, ERENDIRA**  
 STREET ADDRESS **143 NW 17 COURT**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **SD**  Change  Addition  
 NAME **Bertrudis Mejia**  
 STREET ADDRESS **909 N.W. 5 St. Apt. 402**  
 CITY-ST-ZIP **Miami, FL. 33128**

TITLE **TD**  Delete  
 NAME **VARGAS, FRANCISCO**  
 STREET ADDRESS **5601 S.W. 58 COURT**  
 CITY-ST-ZIP **DAVIE FL 3314**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **VARGAS, RAQUEL**  
 STREET ADDRESS **5601 S.W. 58 COURT**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *Everardo Muralles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-00**

CR2E037 (9/99)