


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90073 043 \*\*\*\*61.25

**DOCUMENT # N98000002829**

1. Entity Name  
**MINISTERIOS EVANGELICOS "EL SHADDAI", CORP.**



Principal Place of Business      Mailing Address  
**1452 WEST FLAGLER**      **1452 WEST FLAGLER**  
**MIAMI FL 33135**      **MIAMI FL 33135**

*SAME PLACE*      *SAME PLACE*

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**

6. Name and Address of Current Registered Agent

**CORTEZ, JOSE M**  
**909 NW 5TH STREET**  
**#402**  
**MIAMI FL 33128**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing: Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVERARDO, MURALLES REV.</b>	
STREET ADDRESS	<b>143 NW 17 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MURALLES, ERENDIRA</b>	
STREET ADDRESS	<b>143 NW 17 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CORTEZ, JOSE M</b>	
STREET ADDRESS	<b>909 NW 5TH STREET, APT 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MEJIA, GERTRUDIS</b>	
STREET ADDRESS	<b>909 NW 5TH STREET, APT 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **SIGATURE REQUIRED**      **4-5-03**

CP2E037 (10/02)