

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90099 034 ****69.00

DOCUMENT # N98000003320

1. Entity Name
ASOCIACION INTERNACIONAL EVANGELICA MISIONERA PE

Principal Place of Business Mailing Address
 2121 N.W. 135TH STREET. #3 2121 N.W. 135TH STREET. #3
 MIAMI FL 33167 MIAMI FL 33167-1431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7736 NW 2ND AVE **7736 NW 2ND AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Zip Country Country
33142 **33142** **USA** **USA**

4. FEI Number Applied For
65-0858453 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PAULA, ANTERO PASTOR
2121 N.W. 135TH STREET, #3
MIAMI FL 33167

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD PAULA, ANTERO PASTOR 2121 NW 135TH ST., #3 MIAMI FL 33167 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSLENI, PAULA 2121 NW 135TH ST., #3 MIAMI FL 33167 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALMONTE, DANIEA 2905 NW 55 ST. MIAMI FL 33142 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** Date: **5/12/00** Daytime Phone #: **305 953-8680**

CR2E037 (9/99)