

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90503 036 \*\*\*\*61.25

**DOCUMENT # N98000003320**

1. Entity Name

**ASOCIACION INTERNACIONAL EVANGELICA MISIONERA PE**

Principal Place of Business

Mailing Address

7736 NW 2ND AVE  
 MIAMI FL 33150

7736 NW 2ND AVE  
 MIAMI FL 33150

**A0071810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7734-36 NW 2nd Ave.**

3. Mailing Address

**7734-36 NW 2nd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0858453**

Applied For

Not Applicable

Zip

**33150**

Country

**U.S.A**

Zip

**33150**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAULA, ANTERO PASTOR**  
**2121 N.W. 135TH STREET, #3**  
**MIAMI FL 33167**

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

*Rev. ANTERO PAULA PASTOR*

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

(NOT Registered Agent signature required when reinstating)

**5/18/01**

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **PAULA, ANTERO PASTOR**  
 STREET ADDRESS **2121 NW 135TH ST., #3**  
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **OSLENI, PAULA**  
 STREET ADDRESS **2121 NW 135TH ST., #3**  
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ALMONTE, DANIEA**  
 STREET ADDRESS **2905 NW 55 ST.**  
 CITY-ST-ZIP **MIAMI FL 33142**

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

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:

*Antero Paula Pastor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)