

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:

Paula Antero Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)