

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004325

1. Entity Name

MINISTERIO CASA BELEN (PACTO DE PAZ), INC. ✓

Principal Place of Business

7105 WEST 12TH AVENUE #8  
HIALEAH FL 33014

Mailing Address

7105 WEST 12TH AVENUE #8  
HIALEAH FL 33014

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

65-0854667

Applied For

Not Applicable

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

MORALES, IVAN  
7105 WEST 12TH AVENUE #8  
HIALEAH FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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  
NAME MORALES, IVAN REV  
STREET ADDRESS 7105 WEST 12TH AVENUE #8  
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MORALES, MARIO REV  
STREET ADDRESS 7105 WEST 12TH AVENUE #8  
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MORALES, VICKY  
STREET ADDRESS 16201 NE 9TH CT  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CASTELLON, KATTYA  
STREET ADDRESS 16201 NE 9TH CT  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME SMITH, MARIA M  
STREET ADDRESS 1551 NE 167 STREET #305  
CITY-ST-ZIP N. MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

07-31-2000 90005 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)