

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90077 015 ****61.25

DOCUMENT # N98000006504

1. Entity Name

MINISTERIO DIOS ETERNO, INC.

Principal Place of Business

2650 NORTHWEST 28TH STREET
 UNIT 903
 MIAMI FL 33142

Mailing Address

2650 NORTHWEST 28TH STREET
 UNIT 903
 MIAMI FL 33142

2. Principal Place of Business

5 NW 11 Ave

3. Mailing Address

2650 NW 28th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami FL

Zip

FL

Country

33130

Zip

33142

Country

4. FEI Number

65-0878123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

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

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 PD
 NAME LOPEZ, OSCAR
 STREET ADDRESS 2650 NORTHWEST 28TH STREET
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE VD
 NAME LOPEZ, THELMA
 STREET ADDRESS 2650 NORTHWEST 28TH STREET
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE SD
 NAME VILLATORO, JOSE
 STREET ADDRESS 2650 NORTHWEST 28TH STREET
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE TD
 NAME MARRERO, OLMA A
 STREET ADDRESS 2650 NORTHWEST 28TH STREET
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-01

CR2E037 (10/00)