

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001078

1. Entity Name

MINISTERIO INTERNACIONAL CRECIENDO EN GRACIA, IN

Principal Place of Business

16255 NORTHWEST 54TH AVENUE  
MIAMI LAKES FL 33014

Mailing Address

POST OFFICE BOX 4946  
MIAMI LAKES 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

65-0895238

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
DE JESUS, JOSE L  
16255 NORTHWEST 54TH AVENUE  
MIAMI LAKES FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Jose L. De Jesus Jr.  
4140 SW 151 terr  
Miramar FL 33027 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CESTERO, CARLOS  
16255 NORTHWEST 54TH AVENUE  
MIAMI LAKES FL 33014 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DE JESUS, NYDIA F  
16255 NORTHWEST 54TH AVENUE  
MIAMI LAKES FL 33014 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ 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

9-7-2000

Date

305 627-9040

Daytime Phone #

CR2E037 (5/00)

FILED  
Sep 12, 2000 8:00 am  
Secretary of State

06-05-2000 90012 035 \*\*\*\*70.00

09-12-2000 90238 002 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE