

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90067 022 ****61.25

DOCUMENT # N99000001078

1. Entity Name

MINISTERIO INTERNACIONAL CRECIENDO EN GRACIA, IN C.

Principal Place of Business

Mailing Address

**16255 NORTHWEST 54TH AVENUE
 MIAMI LAKES FL 33014**

**POST OFFICE BOX 4846
 MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0895238

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Jose L. De Jesus**

Street Address (P.O. Box Number is Not Acceptable)

44 ZAMORA AVE.

City **CORAL GABLES.**

FL

Zip Code **33134**

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 **Jose L. De Jesus**
 Signature, typed or printed name of registered agent and title if applicable.

Jose L. De Jesus
 (NOTE: Registered Agent signature required when reinstating)

March 5-02
 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 **PSTD** ☐ Delete
 NAME **DE JESUS, JOSE L**
 STREET ADDRESS **16255 NORTHWEST 54TH AVENUE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE **D** ☒ Delete
 NAME **DEJESUS, JOSE JR**
 STREET ADDRESS **4140 SW 151 TERRACE**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **Rafael Encarnacion** ☐ Change ☒ Addition
 NAME **3811 S.W. 160 AVE. #108**
 STREET ADDRESS **MIRAMAR, FL. 33027**
 CITY-ST-ZIP

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

TITLE **De Carlos Cestero** ☐ Change ☒ Addition
 NAME **44 ZAMORA AVE.**
 STREET ADDRESS **CORAL GABLES, FL. 33134**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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: **SIGNATURE REQUIRED**

MARCH 5-02 305-627-9040

CR2E037 (9/01)