

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90032 024 ****70.00

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1. Entity Name

MINISTERIO INTERNACIONAL CRECIENDO EN GRACIA, INC.



Principal Place of Business
**16255 NORTHWEST 54TH AVENUE
MIAMI LAKES FL 33014**

Mailing Address
**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

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

**DE JESUS, JOSE L
44 ZAMORA AVE
CORAL GABLES FL 33134**

Name: _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

9. 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **LAZARO Seijo**
STREET ADDRESS **16255 N.W. 54 AVE.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **CESTERO, CARLOS**
STREET ADDRESS **44 ZAMORA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☒ Addition
NAME **ALVARO ALBARRACIN**
STREET ADDRESS **16255 N.W. 54 AVE.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **ENCARNACION, RAFAEL**
STREET ADDRESS **3811 SW 160 AVE #108**
CITY-ST-ZIP **MIRAMAR FL 33027**

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:

SIGNATURE REQUIRED

JAN-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)