

1 JO1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# **N99000001997**

1. Entity Name

Mountain Mover's Faith Mission International, IN

Principal Place of Business

**303 Colonnade Ct
Kissimmee, FL 34758**

Mailing Address

**P.O. Box 280
Davenport, FL 33836**

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

59-3572149

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0022788

6. Name and Address of Current Registered Agent

**Mirta N. Berdecia
303 Colonnade Ct.
Kissimmee, FL 34758**

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** ☐ Delete
NAME **Berdecia Mirta N.**
STREET ADDRESS **303 Colonnade Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **STO** ☐ Delete
NAME **Berdecia Eduardo**
STREET ADDRESS **303 Colonnade Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **B** ☒ Delete
NAME **Barreira, Luis**
STREET ADDRESS **P.O. Box 280**
CITY-ST-ZIP **Davenport, FL 33836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D.** ☒ Change ☐ Addition
NAME **Berdecia Kalichi M.**
STREET ADDRESS **303 Colonnade Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

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

TITLE ☐ Change ☐ Addition
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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:

Mirta N. Berdecia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

407-932-2087
Daytime Phone #

CR2E037 (11/00)