2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # N9900002016 1. Entity Name MINISTERIO INTERNACIONAL PUERTA DE SALVACION. IN 03-14-2001 90214 039 ****69.00 Mailing Address Principal Place of Business 900 W 49TH STREET 900 W 49TH STREET STE 502 STE 502 HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0908008---Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRICE, VERENA 15331 TURNBULL DRIVE MIAMI LAKES FL 33014 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. 3/10/2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE Delete TITLE Price, Verena 1533i Turn bull Dr. ALVAREZ, GUILLERMO NAME NAME STREET ADDRESS STREET ADDRESS 431 N.W. 56TH AVE Miami Lakes, FL 33014 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Addition Change ۷D Delete TITLE TITLE Abelardo Navarro AVILA, ESTELA NAME NAME 905 SW -151 St. Apt. #10,2 STREET ADDRESS STREET ADDRESS 1800 W. 63RD STREET Miani FL 33130 CITY-ST-7IP CITY-ST-7IP HIALEAH FL 33012 Change Addition SD TITLE TITLE Delete Peter Sieber 11833 SW 16 St., Bldg # 129 PRICE, VERENA NAME NAME 15909 KINGSMOOR WAY STREET ADDRESS STREET ADDRESS Pembroke Pines 72 33025 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Addition Delete Change TITLE TITLE GONZALEZ, MARIA J NAME NAME 845 WEST 75TH STREET #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

other like empowered.

changed, or on an attachment with an address

3/10/2001 (305) 512-3811