

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90128 018 ****61.25

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1. Entity Name
MINISTERIO INTERNACIONAL PUERTA DE SALVACION, IN C.



Principal Place of Business

**900 W 49TH STREET
STE 502
HIALEAH FL 33012**

Mailing Address

**900 W 49TH STREET
STE 502
HIALEAH FL 33012**

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 **65-0908008**

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

**PRICE, VERENA
15331 TURNBULL DRIVE
MIAMI LAKES FL 33014**

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

SIGNATURE *Verena Price*
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

3/25/2003
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 **PD** ☐ Delete
NAME **ALVAREZ, GUILLERMO**
STREET ADDRESS **431 N.W. 56TH AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Change ☒ Addition
NAME **Sergio Llanes**
STREET ADDRESS **9355 SW 43 Ter.**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **VD** ☐ Delete
NAME **PRICE, VERENA**
STREET ADDRESS **15331 TURNBULL DR.**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE **SD** ☒ Delete
NAME **NAVARRO, ABELARDO**
STREET ADDRESS **905 SW 1ST ST APT # 102**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **TD** ☐ Delete
NAME **SIEBER, PETER**
STREET ADDRESS **11833 SW 16 ST, BLDG. # 129**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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]* *3/25/2003* *305-512-3811*

CR2E037 (10/02)