

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000003002****1. Entity Name****IGLESIAS CRISTIANAS PENTECOSTALES MOVIMIENTO MISION DE DIOS INTERNACIONAL, INC.****Principal Place of Business**

4283 NW 167 ST.

MIAMI  
33055

FL

**Mailing Address**

4283 NW 167 ST.

MIAMI  
33055

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****52-2208786**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**FRATACCI ANTHONY  
4283 NW 167 ST.MIAMI FL  
33055

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 \_\_\_\_\_ **04/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DS	FRATACCI CARIDAD I	4283 NW 167 ST.	MIAMI FL 33055				
DV	FRATACCI ANTHONY REV.	4283 NW 167 ST.	MIAMI FL 33055				
DP	GUADALUPE BIENVENIDO REV.	4283 NW 167 ST.	MIAMI FL 33055				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Anthony Fratacci

DV

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)