

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004096

1. Entity Name

MINISTERIO CRISTIANO-FE CON OBRAS, INC.

FILED

Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90038 001 ****11.25

07-20-2000 90038 002 ****50.00

Principal Place of Business

3039 ROYAL PALM AVE.
FT. MYERS FL 33901

Mailing Address

3039 ROYAL PALM AVE.
FT. MYERS FL 33901

2. Principal Place of Business

2301 Fowler St
Ft. Myers, FL

3. Mailing Address

2344 Moreno Ave
Ft. Myers, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA YERA, WANDA I
3039 ROYAL PALM AVE.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name Wanda I. Rivera

Street Address (P.O. Box Number is Not Acceptable)

2344 Moreno Ave
Ft. Myers, FL

City

33901

FL

Zip Code

33901

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
After September 13, 2000 min. will be \$236.25

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
NAME RIVERA YERA, WANDA I
STREET ADDRESS 3039 ROYAL PALM AVE.
CITY-ST-ZIP FT. MYERS FL 33901

☐ Delete

TITLE DV
NAME RIVERA, JAVIER
STREET ADDRESS 3039 ROYAL PALM AVE.
CITY-ST-ZIP FT. MYERS FL 33901

☐ Delete

TITLE DS
NAME YERA, JULIA E
STREET ADDRESS 54 S.E. 10TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/00 (941) 418-0389