

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005082

1. Entity Name

MINISTERIO EVANGELISTICO INTERNACIONAL TORRE FUE

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90129 045 ****61.50

Principal Place of Business

Mailing Address

2412 W 52 TERRACE
HIALEAH FL 33016

2412 W 52 TERRACE
HIALEAH FL 33016-4043

2. Principal Place of Business

3021 SW 37th Ter.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5271
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hallendale FL

City & State

MIAMI LAKE

4. FEI Number

65-0943715

Applied For

Not Applicable

Zip

33023 Broward

Zip

33014-1271 Dade

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

FONSECA, FERNANDO
2412 W 52 TERRACE
HIALEAH FL 33016

Name

FONSECA, FERNANDO

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

3021 SW 37th Ter

City

Hallendale

FL

Zip Code

33014

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

4-11-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	PSD	<input type="checkbox"/> Delete
NAME	FONSECA, FERNANDO	
STREET ADDRESS	2412 W 52 TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NINA CA, JOSE F	
STREET ADDRESS	9682 FONTAINEBLEU BLVD#309	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, FRANCES M	
STREET ADDRESS	2412 W 52 TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORA, EVANG S	
STREET ADDRESS	840 N 70 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZGRANADOS, ARMANDO	
STREET ADDRESS	1323 SE 8 AVE #302	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORA, SANTA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, SIXTO	
STREET ADDRESS	3021 SW 37th Ter	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, SANTA	
STREET ADDRESS	3021 SW 37th Ter	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NINA, NOHEMI R	
STREET ADDRESS	9682 FONTAINEBLEU BLVD # 309	
CITY-ST-ZIP	MIAMI FL 33172	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 (954) 964-9231

Date

Daytime Phone #

CR2E037 (9/99)