FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 04, 2004 8:00 am Secretary of State 06-04-2004 90001 001 ***150.00

DOCUMENT # PO1000035249

1. Entity Name

ministerio Vision de Dios en Tallas, In



DC) NOT WRITE	E IN THIS	SPAC				
Principal Place of Business 3. Mailing Address					n.5	54056650	
89515W	72 st	8951 SU	272 N				
Suite, Apt. #, etc). 	Suite, Apt. #, etc.			DO NOT WRIT	DO NOT WRITE IN THIS SPACE	
City & State	33173	City & State			4. FEI Number 65 - 1095255	Applied For Not Applicable	
Zip FL	FL Country Zip 33173		Count		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
and the second					7. Name and Address of Current Registered Agent		
				Name Maritza Ramos			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				89515W725+ #108			
				City mia	·	FL Zip Code	
	ed entity submits this statement of registered agent.	for the purpose of changir	ng its registere	d office or regist	lered agent, or both, in the State of Flo	rida. I am familiar with, and accept	
Ť							
SIGNATURESignat	ure, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	l Agent signature requi	red when reinstating)	DATE	
Afte Am	y 1 - May 1 Fee Is \$150.00 r May 1, Fee Is \$550.00 rended UBR Is \$61.25 able to Florida Department	of State			Election Campaign Fin. Trust Fund Contribution		
10.		D DIRECTORS	Laborator and	g Santanghaanaan ee sa	take properties and the second se	the substitution from the substitution of the	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR