

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044564

1. Entity Name

CESAR & CLAUDIA CASTELLANOS MINISTRIES, INC.

FILED

01 APR 30 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
00-01

Principal Place of Business Mailing Address
3483 N.E. 163th Street
North Miami Beach, Florida 33160

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 65-0922401 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
JOSE A. SILVA
3483 N.E. 163th Street
North Miami Beach, FL 33160

7. Name and Address of New Registered Agent
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 *Jose Aquilino Silva* 04/24/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$160.00
APRIL 24, 2001 Fee Will Be \$30.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	P.D. <input type="checkbox"/> Delete
NAME	CASTELLANOS, CESAR
STREET ADDRESS	3483 N.E. 163th Street
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	V.S.D. <input type="checkbox"/> Delete
NAME	CASTELLANOS CLAUDIA
STREET ADDRESS	3483 N.E. 163th Street
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	SILVA JOSE A.
STREET ADDRESS	3483 N.E. 163th Street
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	I <input type="checkbox"/> Delete
NAME	RODRIGUEZ SANDRA C.
STREET ADDRESS	3483 N.E. 163th Street
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
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	100004192271--6
CITY-ST-ZIP	-05/10/01--01011--013 ****308.75 ****308.75
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SP
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Aquilino Silva*

04/24/01 (305)