

**FILED**  
**Jul 07, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90348 025 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000044564**  
1. Entity Name  
**CESAR & CLAUDIA CASTELLANOS MINISTRIES, INC.**

Principal Place of Business  
**3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**

Mailing Address  
**3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**17070 COLLINS AVE**

3. Mailing Address  
**17070 COLLINS AVE**

Suite, Apt. #, etc.  
**# 261**

Suite, Apt. #, etc.  
**# 261**

City & State  
**SUNNY ISLES, FL**

City & State  
**SUNNY ISLES, FL**

Zip  
**33160**

Country  
**MIAMI-DADE**

Zip  
**33160**

Country  
**MIAMI-DADE**

4. FEI Number **65-0922401**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SILVA, JOSE A  
3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**17070 COLLINS AVE # 261**  
City **SUNNY ISLES** FL Zip Code **33160**

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 \_\_\_\_\_ (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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD CASTELLANOS, CESAR  
3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD CASTELLANOS, CLAUDIA  
3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D-P SILVA, JOSE A.  
3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T RODRIGUEZ, SANDRA C  
3483 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T-VARGAS, RICHARD  
2501 SOUTH OCEAN DRIVE  
HOLLYWOOD FL 33019**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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. **JOSE A. SILVA** (305) 944-3824

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)