

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90161 010 \*\*\*\*61.25

**DOCUMENT # 712599**

1. Entity Name

**THE NEW LIFE PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

**7355 SOUTHWEST CORAL WAY  
MIAMI FL 33155**

**7355 SOUTHWEST CORAL WAY  
MIAMI FL 33155**

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

**59-1816838**

Applied For

Not Applicable

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

**ANORGA, MARTIN N  
5800 SW 5 TERRACE  
MIAMI FL 33144**

Name

**ROBERTO HERNANDEZ**

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

**2655 COLLINS AVE.**

**APT. 1111**

City

**MIAMI BEACH**

FL

Zip Code

**33140**

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

*Roberto Hernandez*  
Signature, typed or printed name of registered agent and title if applicable.

**ROBERTO HERNANDEZ, PASTOR**

**3-10-02**

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **ANORGA, MARTIN N REV**  
STREET ADDRESS **5800 SW 5 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PASTOR** ☒ Change ☒ Addition  
NAME **ROBERTO HERNANDEZ**  
STREET ADDRESS **2655 COLLINS AVE APT. 1111**  
CITY-ST-ZIP **MB FL 33140**

TITLE **S** ☐ Delete  
NAME **VEGA, LIBERATO**  
STREET ADDRESS **9531 FONTAINEBLEAU BLVD #10**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Change ☒ Addition  
NAME **LAZARO TORRES**  
STREET ADDRESS **2623 NW 24 ST. APT. #11**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **T** ☐ Delete  
NAME **GONZALEZ, MOISES**  
STREET ADDRESS **2931 SHERIDAN AV APT 4**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Change ☒ Addition  
NAME **ADELAIDA ALBERICH**  
STREET ADDRESS **13287 SW 39 TERR.**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **T** ☐ Delete  
NAME **PRIETO, GISELA**  
STREET ADDRESS **1927 SW 107TH AVENUE APT 309**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ Change ☒ Addition  
NAME **ANGELA CABRERA**  
STREET ADDRESS **1790 SW 103 AVE.**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** ☐ Delete  
NAME **GONZALEZ, MARIA T**  
STREET ADDRESS **2931 SHERIDAN AVE APT 4**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARIDAD HERNANDEZ**  
STREET ADDRESS **1824 SW 24 ST.**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **D** ☒ Delete  
NAME **CABRERA, GUILLERMO**  
STREET ADDRESS **1700 SW 103 AVE**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARIA E. FAJARDO**  
STREET ADDRESS **8860 FONTAINEBLEAU BLVD. APT. 202**  
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:

*Roberto Hernandez*

**ROBERTO HERNANDEZ 3-10-02**

**305-535-0863**

CR2E037 (9/01)