

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N17579**

1. Entity Name

MINISTERIO NUEVA JERUSALEN INTERNACIONAL INCORPO

Principal Place of Business

**5400 SW 122 AVENUE
MIAMI FL 33175**

Mailing Address

**5400 SW 122 AVENUE
MIAMI FL 33175**

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

59-2732176

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

**CORDONES, DEYANIRA
5400 SW 122 AVENUE
MIAMI FL 33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CORDONES, RICHARD 5400 SW 122 AVE MIAMI FL		<input type="checkbox"/>			<input type="checkbox"/>
SD CORDONES, DEYANIRA 5400 SW 122 AVE MIAMI FL		<input type="checkbox"/>			<input type="checkbox"/>
T CORDONES, DANIEL 14165 SW 142 CT #D 405 MIAMI FL 33183		<input type="checkbox"/>			<input type="checkbox"/>
D CORDONES, PATRICIA 15101 SW 151 AVE MIAMI FL 33196		<input type="checkbox"/>			<input type="checkbox"/>
D DASILUA, LUIS 10141 E. HARBOR DR., #2C BAL HARBOR FL 33154		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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 OF RICHARD C. CORDONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90061 008 ****61.25

6 4 1 2 4 4

DO NOT WRITE IN THIS SPACE

0043529

CR2E037 (10/00)