

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003218

1. Entity Name
MINISTERIO ESPERANZA DE VIDA, INC

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 033 ****70.00

Principal Place of Business Mailing Address
 7008 FOREST CITY RD P.O. BOX 607683
 ORLANDO FL 32810 ORLANDO FL 32860-7683
 US



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3325691 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, JOSE L
6792 BRITTANY CHASE CT
ORLANDO FL 32810

7. Name and Address of New Registered Agent
 Name Tomasita Velazquez
 Street Address (P.O. Box Number is Not Acceptable) 6792 Brittany Chase Court
 City Orlando FL Zip Code 32810

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] DATE: 8/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GONZALEZ, MARITZA |
| STREET ADDRESS | 6792 BRITTANY CHASE CT |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | GONZALEZ, JOSE L |
| STREET ADDRESS | 6792 BRITTANY CHASE CT |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | S <input checked="" type="checkbox"/> Delete |
| NAME | MORENO, ELIZABETH |
| STREET ADDRESS | 710 HOLBROOK CIR |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | IRIZARRY, DELIC B |
| STREET ADDRESS | 7723 LADY FRANCES WAY |
| CITY-ST-ZIP | ORLANDO FL 32807 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | MORENO, HECTOR A |
| STREET ADDRESS | 710 HOLBROOK CIR |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | T <input checked="" type="checkbox"/> Delete |
| NAME | FIGUEROA, MARIBET |
| STREET ADDRESS | 9348 SAUSOLETO DR |
| CITY-ST-ZIP | ORLANDO FL 32825 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| 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 | S Arleen V. Santos |
| STREET ADDRESS | 5401 Oak Cluster Terrace |
| CITY-ST-ZIP | Orlando, Florida 32808 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T Fernando Santos |
| STREET ADDRESS | 5401 Oak Cluster Terrace |
| CITY-ST-ZIP | Orlando, Florida 32808 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tomasita Velazquez (T) |
| STREET ADDRESS | 6792 Brittany Chase Court |
| CITY-ST-ZIP | Orlando, Florida 32810 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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] DATE: 8/22/00 DAYTIME PHONE #: 292-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)