

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90069 044 ****61.25

0040402

DOCUMENT # N96000002819
 1. Entity Name
MINISTERIO CAMINO DE VIDA, INC.

Principal Place of Business Mailing Address
2095 SW 1st **2235 NW 2nd St**
 MIAMI FL MIAMI FL 33125

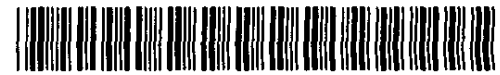
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2235 NW 2nd St

City & State City & State
Miami, FL

Zip Country Zip Country
33125 **Miami, Pade**

4. FEI Number Applied For
65-0715359 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
BARAHONA, NOE
2235 NW 2nd St
MIAMI FL 33125

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 _____
 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

TITLE NAME	D BARAHONA, NOE PASTOR	<input type="checkbox"/> Delete
STREET ADDRESS	2235 NW 2nd St	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME	T BARAHONA, ESTHER I.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2235 NW 2nd St	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME	T JIMENEZ, JOSE LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	2235 NW 4th St # 4	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Zulma Rodriguez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1767 NW 5th St	Trustee
CITY-ST-ZIP	Miami, FL 33125	
TITLE NAME	Erlin Rodriguez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1767 NW 5th St	Trustee
CITY-ST-ZIP	Miami, FL 33125	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]** **REQUIRED** Date: **4-29-01** Daytime Phone #: **(305) 681-1333**

CR2E037 (10/00)