

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91708 001 \*\*\*\*61.25

**DOCUMENT # N96000002819**

1. Entity Name

**MINISTERIO CAMINO DE VIDA, INC.**

Principal Place of Business

Mailing Address

2095 SW 1 ST  
 MIAMI FL 33145

~~2235 NW 2 ST  
 MIAMI FL 33125~~

81

2. Principal Place of Business

*Same*

3. Mailing Address

*Noé Barahona*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3813 SW 133 PL*

City & State

City & State

*Miami, FL 33175*

4. FEI Number

**65-0715359**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33175*

*U.S.*

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

**BARAHONA, NOE**

~~2235 NW 2 ST  
 MIAMI FL 33125~~

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARAHONA, NOE PASTOR</b>	
STREET ADDRESS	<del>2235 NW 2 ST</del>	
CITY-ST-ZIP	<del>MIAMI FL 33125</del>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BARAHONA, ESTHER L</b> <i>Officer</i>	
STREET ADDRESS	<del>2235 NW 2 ST</del>	
CITY-ST-ZIP	<del>MIAMI FL 33125</del>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JIMENEZ, JOSE LUIS</b>	
STREET ADDRESS	<b>2235 NW 2 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ZULMA</b>	
STREET ADDRESS	<b>1767 NW 5 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ERLIN</b>	
STREET ADDRESS	<b>1767 NW 5 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Trustee</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Modesto Nuñez</b>	
STREET ADDRESS	<b>2930 NW 22 Ave # 5</b>	
CITY-ST-ZIP	<b>Miami, FL 33142</b>	
TITLE	<b>D. Pastor: Noé Barahona</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Noé Barahona</b>	
STREET ADDRESS	<b>3813 SW 133 PL</b>	
CITY-ST-ZIP	<b>Miami, FL 33175</b>	
TITLE	<b>Officer: Esther Barahona</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Esther Barahona</b>	
STREET ADDRESS	<b>3813 SW 133 PL</b>	
CITY-ST-ZIP	<b>Miami, FL 33175</b>	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Noé Barahona (305) 227-4732*

Date

Telephone #

CR2E037 (9/01)