

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/24

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90329 012 \*\*\*\*70.00

**DOCUMENT # N98000003690**

1. Entity Name

**RENEW'S MINISTRY MIS RENUEVOS, INC.**

Principal Place of Business

6140 SOUTHWEST 34TH COURT  
 FT LAUDERDALE FL 33314

Mailing Address

POST OFFICE BOX 292522  
 DAVIE FL 33329-2522

2. Principal Place of Business

6451 Pembroke Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 292522  
 Suite, Apt. #, etc.

- 6183



DO NOT WRITE IN THIS SPACE

City & State

Hollywood Florida  
 Zip Country  
 33023 U.S.A.

City & State

Davie, Florida  
 Zip Country  
 33329 U.S.A.

4. FEI Number

65-0848227

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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	PD	<input type="checkbox"/> Delete
NAME	VARGAS, GONZALO JR.	
STREET ADDRESS	6140 SOUTHWEST 34TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	VARGAS, SHERYL L	
STREET ADDRESS	6140 SW 34TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANTO, LILI JULIA	
STREET ADDRESS	1378 178TH ST NE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vargas, Gonzalo Jr.	
STREET ADDRESS	6451 Pembroke Rd.	
CITY-ST-ZIP	HLWD, FL 33023	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vargas, Sheryl L.	
STREET ADDRESS	6451 Pembroke Rd.	
CITY-ST-ZIP	HLWD, FL 33023	
TITLE	Secretary S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Bosch	
STREET ADDRESS	1720 Cleveland St. Apt. 205W	
CITY-ST-ZIP	HLWD, FL 33020	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Sheryl L. Vargas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2001 (954) 985-0308  
 Date Daytime Phone #

CR2E037 (10/00)