

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003690

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: RENEW'S MINISTRY MIS RENUEVOS, INC.

**Current Principal Place of Business:**

265 S.W. 27 AVENUE.  
FORT LAUDERDALE., FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 26312  
TAMARAC, FL 33320 US

**New Mailing Address:**

FEI Number: 65-0848227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDD ( ) Delete  
Name: VARGAS, GONZALO JR.  
Address: 265 S.W. 27 AVENUE.  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VDTD ( ) Delete  
Name: VARGAS, SHERYL L  
Address: 265 S.W. 27 AVENUE.  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: SSD ( ) Delete  
Name: CRUZ, CAROLINA  
Address: 1735 N.E. 173TH. STREET.  
City-St-Zip: NORTH MIAMI BEACH., FL 33162 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO VARGAS

PDD

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date