

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/28/00-90102-045-\$61.25-\$61.25

**DOCUMENT # N99000000315**

1. Entity Name

**MINISTERIO JESUS ES EL CAMINO CORP.**

**FILED**

**00 MAR -1 AM 9:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1885 W 56 ST., NO. 104  
HIALEAH FL 33012

1885 W 56 ST., NO. 104  
HIALEAH FL 33012-7355

2. Principal Place of Business

3. Mailing Address

**1885 W. 56 ST.**

**1885 W. 56 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NO 104**

**NO 104**

City & State

City & State

**Hialeah, Fla**

**Hialeah Fla**

4. FEI Number

**65-0888068**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75-Additional  
Fee Required**

Zip

Country

Zip

Country

**33012**

**U.S.A.**

**33012**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, RICARDO**

**1885 W 56 ST., NO. 104  
HIALEAH FL 33012**

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

*Ricardo Garcia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1 25 2000**

**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	PD	<input type="checkbox"/> Delete
NAME	GARCIA, RICARDO	
STREET ADDRESS	1885 W 56 ST., NO. 104	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, MIRIAM	
STREET ADDRESS	1885 W 56 ST., NO. 104	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATOS, NESTOR	
STREET ADDRESS	10090 NW 80 CT. NO. 1541	
CITY-ST-ZIP	HIALEAH FL 33018	
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		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

i2. 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:

*Ricardo Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1 25 2000**

**KE**

PROPERTY (add)