

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90238 028 \*\*\*\*61.25

**DOCUMENT # N99000000315**

1. Entity Name

**MINISTERIO JESUS ES EL CAMINO CORP.**

Principal Place of Business

1885 W 56 ST.  
 NO. 104  
 HIALEAH FL 33012

Mailing Address

1885 W 56 ST.  
 NO. 104  
 HIALEAH FL 33012

2. Principal Place of Business

10090 NW 80 ct.

3. Mailing Address

10090 NW 80 ct.

Suite, Apt. #, etc.

# 1541

Suite, Apt. #, etc.

# 1541

City & State

HIALEAH GARDENS, FL.

City & State

HIALEAH GARDENS, FL.

4. FEI Number

65-0888668

Applied For

Not Applicable

Zip

33016

Country

U.S.A.

Zip

33016

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **NESTOR MATO**  
 Street Address (P.O. Box Number is Not Acceptable): **10090 NW 80 ct. # 1541**  
 City: **HIALEAH GARDENS FL** Zip Code: **33016**

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)

01-23-01

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 STREET ADDRESS CITY-ST-ZIP	PD GARCIA, RICARDO 1885 W 56 ST., NO. 104 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, MIRIAM 1885 W 56 ST., NO. 104 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATO, NESTOR 10090 NW 80 CT. NO. 1541 HIALEAH FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATO, NESTOR 10090 NW 80 ct. # 1541 HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA DAVID RICARDO 1885 W 56 ST. # 104 HIALEAH, FL. 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATO, MARTHA 10090 NW 80 ct. # 1541 HIALEAH, FL. 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ricardo Garcia*

**NOTICE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01

Date

305-825-1089

Daytime Phone #

CR2E037 (10/00)