

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 29, 2001 8:00 am
Secretary of State

01-30-2001 90163 049 ****61.25

DOCUMENT # N98000001131

1. Entity Name

NEW PACT MINISTRIES, INC.

Principal Place of Business

15476 N.W. 77TH COURT.
 #511
 MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH COURT
 #511
 MIAMI LAKES FL 33016

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIL, GELIANI R
8246 NW 200 TERR
MIAMI LAKES FL 33015

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: PD
 NAME: GIL, GELIANI R REV.
 STREET ADDRESS: 8246 NW 200 TERR
 CITY-ST-ZIP: MIAMI LAKES FL 33015 Delete

TITLE: Change Addition

TITLE: VD
 NAME: PEREZ, LUZDEL CARMEN
 STREET ADDRESS: 8246 NW 200 TERR
 CITY-ST-ZIP: MIAMI LAKES FL 33015 Delete

TITLE: Change Addition

TITLE: SD
 NAME: GUILLER, GIL JOSE REV
 STREET ADDRESS: 8240 NW 200TERR
 CITY-ST-ZIP: MIAMI LAKES FL 33015 Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: **Secretary PEREZ, LUZ del CARMEN (T)**
 STREET ADDRESS: **8246 NW 200 TERR.**
 CITY-ST-ZIP: **MIAMI LAKES FL 33015**

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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 *Gil Geliani R*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/21/01**

Daytime Phone # **(305) 829-9045**

CR2E037 (10/00)