

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003249

1. Entity Name

NEW BEGINNING'S INTERNATIONAL FOOD MINISTRIES, I
NC.

Principal Place of Business

11725 HATCHER CIR.
ORLANDO FL 32824-8787

Mailing Address

11725 HATCHER CIR.
ORLANDO FL 32824-8787

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 771286

Suite, Apt. #, etc.

City & State
ORLANDO, FL.

Zip
32817

Country
USA

4. FEI Number

59-3714702

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARROSO, ROBERT L
11725 HATCHER CIR.
ORLANDO FL 32824-8787

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

(NOTE: Registered Agent signature required when reinstating)

2-9-02

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 ☐ Delete
NAME BARROSO, ROBERT L
STREET ADDRESS 11725 HATCHER CIR.
CITY-ST-ZIP ORLANDO FL 32824-8787

TITLE VD ☐ Delete
NAME BARROSO, MIREYA
STREET ADDRESS 11725 HATCHER CIR.
CITY-ST-ZIP ORLANDO FL 32824-8787

TITLE D ☐ Delete
NAME BARROSO, MARIA
STREET ADDRESS 11725 HATCHER CIR.
CITY-ST-ZIP ORLANDO FL 32824-8787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-02

Date

407-716-7894

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)