

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90909 045 ****61.25

DOCUMENT # N98000001131

1. Entity Name

NEW PACT MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2742 SW 8 ST.

3. Mailing Address

8246 NW 200 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0828902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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	<input type="checkbox"/> Delete
NAME	GIL, GELIANI R REV.	
STREET ADDRESS	8246 NW 200 TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, LUZDEL CARMEN	
STREET ADDRESS	8246 NW 200 TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	GUILLER, GIL JOSE REV	
STREET ADDRESS	8240 NW 200TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geliani R. Gil
 Geliani R. Gil

Date

Daytime Phone #

4/12/02 (305) 829-5412

CR2E037 (9/01)