

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90142 007 ****70.00

DOCUMENT # N01000003249

1. Entity Name

New Beginnings International Food Ministries, Inc.

DO NOT WRITE IN THIS SPACE

60003993

2. Principal Place of Business

11753 S. Orange Blossom Trail

3. Mailing Address

PO Box 771286

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3714702

Applied For

Not Applicable

Zip
32837

Country
USA

Zip
32877-1286

Country
USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Robert L. Barroso

Street Address (P.O. Box Number is Not Acceptable)

11725 Hatcher Circle

City orlando

FL

**Zip Code
32824-8787**

**DO NOT WRITE
IN THIS SPACE**

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, DIRECTOR

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

(NOTE: Registered Agent Signature required when reinstating)

1-4-02

DATE

FEES: \$61.25

Initial or Amended UBR

**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
Roberto L. Barroso (President, Sr. Minister)
11725 Hatcher Circle
Orlando, Florida 32824-8787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mireya Barroso (Vice-President)
11725 Hatcher Circle
Orlando, Florida 32824-8787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Maria Barroso (Trustee)
11725 Hatcher Circle
Orlando, Florida 32824-8787

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. BARROSO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

321-303-5741

Daytime Phone #

CR2E037B (12/01)