

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

008955

**DOCUMENT # F92000000109**

1. Entity Name

**MINISTERIO EL CAMINO, INC.**

04-02-2002 90084 050 \*\*\*\*61.25

Principal Place of Business

**1205 WINDWAY CIRCLE  
 KISSIMMEE FL 34744  
 US**

Mailing Address

**P. O. BOX 450278  
 KISSIMMEE FL 34745  
 US**

2. Principal Place of Business

*Kissimmee, Florida*

3. Mailing Address

*(Same as above)*

Suite, Apt. #, etc.

*(Same as above)*

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0323933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OVERSTREET-GARCIA, REBECCA  
 1205 WINDWAY CIRCLE  
 KISSIMMEE FL 34744**

Name

*Same as # 6*

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	OVERSTREET-GARCIA, REBECCA D	
STREET ADDRESS	1205 WINDWAY CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, CESAR D	
STREET ADDRESS	1205 WINDWAY CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELENDEZ, ZAIDA	
STREET ADDRESS	7336 HOLLOW RIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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

*Rebecca Overstreet-Garcia*

Date Daytime Phone #

*3-25-02 (407) 348-3844*

CR2E037 (9/01)