

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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 034 \*\*\*\*70.00

DOCUMENT # *N00000000753*

1. Entity Name

*Set Free Ministries International, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1871 NW 62<sup>ND</sup> St.*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 520863*

Suite, Apt. #, etc.

City & State

*Miami, Florida*

City & State

*Miami, Florida*

4. FEI Number

*65-0978557*

Applied For

Not Applicable

Zip

*33147*

Country

*USA*

Zip

*33152*

Country

*USA*

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Eduardo F. Gonzalez*

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

*5390 SW 130 Avenue*

City

*Miramar*

**FL**

Zip Code

*33027*

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/12/03*

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>
NAME	<i>Gonzalez, Eduardo F</i>
STREET ADDRESS	<i>5390 SW 130 Avenue</i>
CITY-ST-ZIP	<i>Miramar, FL 33027</i>
TITLE	<i>DS</i>
NAME	<i>Gonzalez, Lourdes</i>
STREET ADDRESS	<i>5390 SW 130 Avenue</i>
CITY-ST-ZIP	<i>Miramar, FL 33027</i>
TITLE	<i>T</i>
NAME	<i>Rosario, Bobby</i>
STREET ADDRESS	<i>P.O. Box 540993</i>
CITY-ST-ZIP	<i>Opa Locka, FL 33054</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

*3/12/03*

*205-553-1905*

CR2E037B (12/02)