

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001469

1. Entity Name

MERCY MINISTRIES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90019 036 *****61.25

0032817

Principal Place of Business

2432 WEST 72ND STREET
HIALEAH FL 33016

Mailing Address

2432 WEST 72ND STREET
HIALEAH FL 33016

2. Principal Place of Business

2081 West 76 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Zip

33016

Country

Miami-Dade

Country

4. FEI Number

65-0990683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRET, PABLO
2432 WEST 72ND STREET
HIALEAH FL 33016

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

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

TITLE PD
NAME MIRET, PABLO
STREET ADDRESS 2432 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE VD
NAME MIRET, REINA
STREET ADDRESS 2432 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE SD
NAME MAQUEIRA, DANILO R
STREET ADDRESS 2432 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE TD
NAME FERNANDEZ, ANDRES
STREET ADDRESS 2432 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD
NAME MARIA ELENA ANDERSON
STREET ADDRESS 2432 West 72 St.
CITY-ST-ZIP Hialeah FL 33016 ☒ Change ☐ Addition

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

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

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

3/19/01

305-826-5800

Date

Daytime Phone #

CR2E037 (10/00)