

# 2001 UNIFORM BUSINESS REPORT (UBR)

08-29-2001 90003 010 \*\*\*\*61 25

NO0000002185  
FILED

01 OCT -9 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002185

1. Entity Name

MINISTERIO CIELO NUEVO Y TIERRA NUEVA, INC.

Principal Place of Business

1591 NORTHWEST 159TH AVENUE  
PEMBROKE PINES FL 33028

Mailing Address

1591 NORTHWEST 159TH AVENUE  
PEMBROKE PINES FL 33028

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 822207

Suite, Apt. #, etc.

City & State

City & State

South Florida, FL

Zip

Country

Zip

Country

33082

USA

4. FEI Number

105-0919822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JOSE L DIAZ

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

1591 NW 159 AVENUE

City

Pembroke Pines

FL

Zip Code

33028-1697

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]*

JOSE L. DIAZ

8/19/01

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  
After September 12, 2001, min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	ARROYO, IRAIDA	
STREET ADDRESS	1591 NORTHWEST 159TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE L	
STREET ADDRESS	1591 NORTHWEST 159TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, AIXA M	
STREET ADDRESS	1591 NORTHWEST 159TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/01

Date

954-296 3436

Daytime Phone #

CR2E037 (5/01)