

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002834

1. Entity Name

MINISTRIES OF HIS PEACE, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90014 020 ****70.00

Principal Place of Business

1017 E. 16 CT.
STUART FL 34994

Mailing Address

1017 E. 16 CT.
STUART FL 34994

2. Principal Place of Business

~~1982 S.W. Palm City Road~~
Suite, Apt. #, etc.

Apt. 51D

City & State

Stuart, FL

Zip

34994

Country

Martin

3. Mailing Address

~~1982 S.W. Palm City Road~~
Suite, Apt. #, etc.

Apt. 51D

City & State

Stuart, FL

Zip

34994

Country

Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0994906

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARMAN, GUY
3801 S. OCEAN DR., SUITE 4-Z
HOLLYWOOD FL 33019

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 NAME STREET ADDRESS CITY-ST-ZIP	D NEGRON, GRACIANO 1017 E. 16 CT. STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGRON, PATRICIA 1017 E. 16 CT. STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, LEE 2357 WYNNWOOD STREET PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, PAM 2357 WYNNWOOD STREET PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ED 9136 WINDINGS WOODS DR LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LULI 9136 WINDINGS WOODS DR LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Negron, Graciano apartado Postal 23 La Paz, Baja CA. Sur Mexico 23000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Combs, Pam 2357 Wynnwood St. Port St. Lucie, FL. 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Combs, Lee 2357 Wynnwood St. Port St. Lucie, FL. 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DiLorenzo, Mary Ann 1982 S.W. Palm City Rd. Apt. 51D Stuart, FL. 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Di Lorenzo, Louie 1982 S.W. Palm City Road Apt. 51D Stuart, FL. 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Lourdes 9136 Winding Woods, Dr. Lake Worth, FL. 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Ann Di Lorenzo* MARY ANN DI LORENZO 1/29/01 561-286-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)