

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0073645

**DOCUMENT # N00000008525**

1. Entity Name

**FUENTES EN EL DESIERTO MESSIANIC JEWISH BIBLICAL  
 MINISTRY INC.**

Principal Place of Business

Mailing Address

**339 SW 18TH TERRACE  
 MIAMI FL 33129**

**PO BOX 330103  
 COCONUT GROVE FL 33233  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1016106**

Applied For

Not Applicable

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

**ROSENTHAL, DAVID S  
 10761 SW 18TH STREET  
 MIAMI FL 33176**

Name **Louise Faciponti de Fuentes**

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

**339 SW 18 Terr.**

City

**Miami**

**FL**

Zip Code

**33129**

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 **L. Faciponti de Fuentes**  
 Signature, typed or printed name of registered agent and title if applicable.

**L. Faciponti de Fuentes**  
 (NOTE: Registered Agent signature required when reinstating)

**1-18-02**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD FUENTES, EDUARDO A 339 SW 18TH TERRACE MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DE FUENTES, LOUISE E 339 SW 18TH TERRACE MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANGER, ANGELINA 339 SW 18TH TERRACE MIAMI FL 33129</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Haydee Pino Reyes 339 SW 18 Terr Miami, FL 33129</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: **L. Faciponti de Fuentes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-02 305-858-7430**  
 Date Daytime Phone #

CR2E037 (9/01)