

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001485

1. Entity Name

MINISTERIO NUEVO HORIZONTE, INC.

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90127 003 ****61.25

Principal Place of Business

3375 WEST 76TH STREET
#201
HIALEAH FL 33018

Mailing Address

3375 WEST 76TH STREET
#201
HIALEAH FL 33018

2. Principal Place of Business

~~3375 W. 76 ST~~
Suite, Apt. #, etc.
UNIT 201

3. Mailing Address

~~3375 W. 76 ST~~
Suite, Apt. #, etc.
UNIT 201

City & State

Hialeah FL

City & State

Hialeah, FL

Zip

FL 33018

Country

USA

Zip

33018

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITJANS, JOSE
3375 WEST 76TH STREET
#201
HIALEAH FL 33018

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	P	<input type="checkbox"/> Delete
NAME	MITJANS, JOSE	
STREET ADDRESS	3375 W. 76 STREET	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, RICARDO	
STREET ADDRESS	3375 WEST 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITJANS, AMARILIS	
STREET ADDRESS	3375 WEST 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITJANS, JORGE	
STREET ADDRESS	3375 WEST 76TH STREET	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, NORBERTO	
STREET ADDRESS	880 N.E. 207 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, JUDITH	
STREET ADDRESS	4351 N.W. 196 STREET	
CITY-ST-ZIP	MIAMI FL 33015	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bertha Lopez	
STREET ADDRESS	880 NE. 207 Terr.	
CITY-ST-ZIP	N. Miami FL. 33179	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwerto Lopez	
STREET ADDRESS	880 NE. 207 Terr	
CITY-ST-ZIP	N. Miami FL. 33179	

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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

(305) 821-6643

Date

Daytime Phone #

CR2E037 (9/01)