

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90037 038 *****70.00

DOCUMENT # N01000002221

1. Entity Name

ESMIRNA INTERNATIONAL CHRISTIAN MINISTRIES INCORPORATED

Principal Place of Business

Mailing Address

4217 SW 137TH PLACE
 MIAMI FL 33175

4217 SW 137TH PLACE
 MIAMI FL 33175

2. Principal Place of Business

13205 SW 137TH Ave

3. Mailing Address

Suite, Apt. #, etc.

208

City & State

Miami Florida

City & State

4. FEI Number

65-1103924

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

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

RODRIGUEZ, JOSE F
4217 SW 137TH PLACE
MIAMI FL 33175

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

Jose F. Rodriguez, PD.

03-09-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **RODRIGUEZ, JOSE F**
 STREET ADDRESS **4217 SW 137TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **SD** ☐ Delete
 NAME **MELENDEZ, HECTOR J**
 STREET ADDRESS **14322 SW 46TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **TD** ☐ Delete
 NAME **BERMUDEZ, RAMON**
 STREET ADDRESS **14600 SW 173RD ST.**
 CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Jose F. Rodriguez, PD.

03-09-02

786-859-2788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)