

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90236 002 \*\*\*\*70.00

**DOCUMENT # N01000003596**

1. Entity Name  
**NUEVO CAMINAR MINISTERIO CATOLICO, INC.**



Principal Place of Business  
**727 EAST 9 STREET  
HIALEAH FL 33010**

Mailing Address  
**727 EAST 9 STREET  
HIALEAH FL 33010**

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 **03-0478889**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC  
941 FOURTH STREET  
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CABRERA, RAMON</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>DTVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDEROS, FRANCISCO S</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CASTILLO, OLGA</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARTIGAS, RICARDO</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENITEZ, VICTOR</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, CARMEN</b>	
STREET ADDRESS	<b>727 E 9TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JUAN Pablo Reyes</b>	
STREET ADDRESS	<b>727 E. 9th Street</b>	
CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMON CABRERA</b>	
STREET ADDRESS	<b>727 E. 9th Street</b>	
CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lourdes Roman</b>	
STREET ADDRESS	<b>727 E. 9 Street</b>	
CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Adolfo Gongora</b>	
STREET ADDRESS	<b>727 E. 9 Street</b>	
CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAZARO Rodriguez</b>	
STREET ADDRESS	<b>727 E. 9 Street</b>	
CITY-ST-ZIP	<b>HIALEAH, FLORIDA 33010</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Georgina Amador</b>	
STREET ADDRESS	<b>727 E. 9 Street</b>	
CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>	

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]* **Pres**

**2/10/03 305 796 7202**

Date

Daytime Phone #

CR2E037 (10/02)