

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 030 ****61.25

DOCUMENT # N01000004191

1. Entity Name
M.H. RECORDS MINISTRIES, INC.



Principal Place of Business
**7710 W 30TH LN
HIALEAH FL 33010-3826**

Mailing Address
**7710 W 30TH LN
HIALEAH FL 33010-3826**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1118886		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**HERNANDEZ, MOISES
7710 W 30TH LN
HIALEAH FL 33010-3826**

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: _____ (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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MOISES	
STREET ADDRESS	7710 W 30TH LN	
CITY-ST-ZIP	HIALEAH FL 33010-3826	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROSA	
STREET ADDRESS	7710 W 30TH LN	
CITY-ST-ZIP	HIALEAH FL 33010-3826	
TITLE	DOA	<input type="checkbox"/> Delete
NAME	BACALLAO, REBECA	
STREET ADDRESS	7710 W 30TH LN	
CITY-ST-ZIP	HIALEAH FL 33010-3826	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OSVALDO	
STREET ADDRESS	17199 SW 49TH PL	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOAQUIN, ABELLA	
STREET ADDRESS	1771 W 80TH ST.	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-09-03** Daytime Phone #

CR2037 (10/02)