

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90008 020 \*\*\*\*70.00

**DOCUMENT # N01000006858**

1. Entity Name

**NEW LIFE MINISTRIES MIAMI, INC.**

✓

Principal Place of Business

Mailing Address

**12349 SW 132ND COURT  
 MIAMI FL 33186**

**12349 SW 132ND COURT  
 MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**14357 SW 139 Ct.**

**MIAMI, FL.**

**33186**

**USA**

4. FEI Number

**05-114-0614**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACOSTA, LEONARDO JR.  
 14024 SW 179TH COURT  
 MIAMI FL 33186**

Name

**Acosta, Leonardo Jr.**

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

**15311 SW 177 Terr.**

City

**Miami**

**FL**

Zip Code

**33187**

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

**7/30/02**

**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	PD ACOSTA, LEO JR. 12349 SW 132ND COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACOSTA, LEO SR. 12349 SW 132ND COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNTEMAN, SANDRA 12349 SW 132ND COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOSTA, ANIKA 12349 SW 132ND COURT MIAMI FL 33186	<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	PD Acosta, Leo Jr. 15311 SW 177 Terr. Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Acosta, Leo Sr. 15311 SW 177 Terr. Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dunteman, Sandra 7301 SW 142 Ave Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Acosta, Anika 15311 SW 177 Terr. Miami, FL 33187	<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

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

**7/30/02**

Date

Daytime Phone #

CR2E037 (9/01)



Attachment 9-72-13  
#N0100900  
**New Life Ministries Miami**

"Where you can receive a New Life in Jesus Christ our Lord and Savior." II Corinthians 5:17

July 31, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Our corporation, New Life Ministries Miami, Inc., received only one UBR from your office and consequently we misplaced it. However, we never received a second notice. Being that we are a new corporation, we were unaware of the process that needed to take place. We are sending a payment due of \$70.00. We apologize for any inconvenience we may have caused. If any questions or concerns should arise, please feel free to contact Sandra Duntelman at (786) 229-9064. Again, we apologize for the inconvenience.

Sincerely,

Leo Acosta  
President/Director