2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007513

1. Entity Name

EBENEZER HISPANIC MINISTRIES INTERNATIONAL INCOR PORATED

116 JASON DR VALRICO FL 33954

Principal Place of Business

Mailing Address

116 JASON DR VALRICO FL 33954

2. Principal Place of Business (1)	3. Mailing Address 116 JJSON W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Sep 23, 2002 8:00 am Secretary of State

09-23-2002 90196 010 ***236.25



DO NOT WRITE IN THIS SPACE

City & State	co, FL	Gity & State	FL .	4. FEI Number 59 - 375	7880		pplied For ot Applicable		
^{Zip} 33	594 Country U.S. A.	33594	V. S. A.	5. Certificate of State		8.75 Ad			
	6. Name and Address of Current R	legistered Agent	- -	7. Name and Addre	ss of New Registered Ad				
	,		Name						
MIRABILIO, HORACIO L 116 JASON DR VALRICO FL 33954			<u> </u>						
			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Cod	е		
8. The above	named entity submits this statement for	the purpose of changing its reg	uistered office or regist	tered agent or both in the	• -	miliar with	and against		
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.									
ļ							}		
SIGNATURE .							ĺ		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature requi	red when reinstating)	DATE				
	After September 13, 2002,	9. Election Campa	ion Financino	¢5 00 s	Noko Chask I	Darrahla			
•	min. will be \$236.25.	Trust Fund Cont	~ ~	\$5.00 May Be Added to Fees	Make Check I Department				
•					Department	. OI State	'		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10		
TITLE	PD	☐ Delete	TITLE			Change	Addition		
NAME	MIRABILIL, HORACIO L		NAME						
_STREET ADDRESS .	-116 JASON DR		STREET ADDRESS			_	- 1		
CITY-ST-ZIP	VALRICO FL 33954		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE	, ,		☐ Change	Addition		
NAME	MARTY, MARIA C		NAME		•	onlings			
* STREET ADDRESS	1208 E SANDALWOOD DR N		STREET ADDRESS				1		
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP				1		
TITLE	TD	☐ Delete	TITLE	* **= ·		Change	Addition		
NAME	MALDONADO, EDUARDO S		NAME		L	Onlinge			
STREET ADDRESS	2005 BRANDON CROSSING CIR A	PT #201	STREET ADDRESS				1		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP				ì		
TITLE	BIANDON 12 GOOT	☐ Delete	TITLE			7 Change	Addition		
NAME		C Delete	NAME		L	спануе	C.J Addition		
STREET ADDRESS			STREET ADDRESS				j		
CITY-ST-ZIP			CITY-ST-ZIP				i		
TITLE		☐ Delete	TITLE			7.05			
NAME		L Delete	NAME		L] Change	Addition		
STREET ADDRESS			STREET ADDRESS				}		
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	******	☐ Delete	TITLE	***	г	7 Change	A deliblati		
NAME		CLI Delete	NAME		L	_] Change	Addition		
STREET ADDRESS			STREET ADDRESS				1		
CITY-ST-ZIP			CITY-ST-ZIP		. •		-		
12. Thereby c	ertify that the information supplied with the	sis filling does not qualify for the		action 110 07(0)(9) Fr 11	Curting 14 of the control of				
indicated	ertify that the information supplied with the	no ming does not quality for the	evenibrion stated IU 2	ection i ia.ov(a)(i), rigital	a Statutes. I further certify	mat the in	tormation		

2. 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 of the receiver or trustee emplowered 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

6-19-02 (813)571-9136