

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-23-2002 90196 010 ***236.25

DOCUMENT # NO1000007513

1. Entity Name

EBENEZER HISPANIC MINISTRIES INTERNATIONAL INCORPORATED

Principal Place of Business

Mailing Address

116 JASON DR
 VALRICO FL 33954

116 JASON DR
 VALRICO FL 33954

2. Principal Place of Business

116 Jason Dr.
 Suite, Apt. #, etc.

3. Mailing Address

116 Jason Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

59-3757880

Applied For

Not Applicable

Zip

33594

Country

U.S.A.

Zip

33594

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MIRABILIO, HORACIO L
 116 JASON DR
 VALRICO FL 33954

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

After September 13, 2002,
 min. will be \$236.25.

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

TITLE PD
 NAME MIRABILIO, HORACIO L
 STREET ADDRESS 116 JASON DR
 CITY-ST-ZIP VALRICO FL 33954 ☐ Delete

TITLE SD
 NAME MARTY, MARIA C
 STREET ADDRESS 1208 E SANDALWOOD DR N
 CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE TD
 NAME MALDONADO, EDUARDO S
 STREET ADDRESS 2005 BRANDON CROSSING CIR APT #201
 CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

6-19-02 (813)571-9136

CR2E037 (4/02)