

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90163 016 \*\*\*\*70.00

**DOCUMENT # N01000007513**

1. Entity Name

**EBENEZER HISPANIC MINISTRIES INTERNATIONAL INCORPORATED**



Principal Place of Business

116 JASON DR  
VALRICO FL 33954

Mailing Address

116 JASON DR  
VALRICO FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

116 Jason Dr.

City & State  
Valrico, FL.

Zip  
33594

Country  
USA

Suite, Apt. #, etc.

116 Jason Dr.

City & State  
Valrico, FL.

Zip  
33594

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3757880**

Applied For

Not Applicable

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

N/A

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

N/A

City

N/A

FL

Zip Code N/A

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A

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

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

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

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**

3/19/03

(813) 571-9136

CR2E037 (10/02)