

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90693 046 ****61.25

DOCUMENT # NO1000007849

1. Entity Name

MARANATHA NEW DAWN MINISTRIES, INC.



Principal Place of Business

**13014 N.E. 8TH AVENUE
NORTH MIAMI FL 33161**

Mailing Address

**13014 N.E. 8TH AVENUE
NORTH MIAMI FL 33161**

2. Principal Place of Business

14225 NW 8 Avenue

3. Mailing Address

14430 NW 15 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33167

City & State

MIAMI, Florida

Zip

33167

Country

DADE

Zip

33167

Country

DADE

6. Name and Address of Current Registered Agent

**DOLNIER, PAUL N
7091 MOSLET STREET
HOLLYWOOD FL 33024**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SANTIAGO, ALBERTO	
STREET ADDRESS	14430 NW 15TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTIAGO, ALEIDA	
STREET ADDRESS	14430 NW 15TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, MANUEL	
STREET ADDRESS	935 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUEVAS, JUAN	
STREET ADDRESS	1315 NE 220TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, HUMBERTO C	
STREET ADDRESS	10430 NW 19TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUGO, FELIX IVAN	
STREET ADDRESS	1601 NE 172ND	
CITY-ST-ZIP	MIAMI FL 33162	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: *Alberto Santiago* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 305-685-5028

90001354



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1155759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required