

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

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90146 001 \*\*\*\*70.00

0004971

**DOCUMENT # N02000004234**

1. Entity Name

**MINISTERIO LA HORA DE RENACER, INC.**



Principal Place of Business

**11490 IROQUOIS TERRACE  
ORLANDO FL 32825**

Mailing Address

**11490 IROQUOIS TERRACE  
ORLANDO FL 32825**

2. Principal Place of Business

*11490 Iroquois Tr*

3. Mailing Address

*11490 Iroquois Tr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando Florida*

City & State

*Orlando Florida*

4. FEI Number

*33-1007607*

Applied For

Not Applicable

Zip

*32825*

Country

*Orange*

Zip

*32825*

Country

*Orange*

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, HERIBERTO  
11490 IROQUOIS TERRACE  
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name *Heriberto Vargas*

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

*11490 Iroquois Tr*

City *Orlando*

**FL**

Zip Code

*32825*

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 *Heriberto Vargas President*

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

(NOTE: Registered Agent signature required when reinstating)

*7-22-03*

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VARGAS, HERIBERTO</b>	
STREET ADDRESS	<b>11490 IROQUOIS TERRACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ACEVEDO, LIZBETH</b>	
STREET ADDRESS	<b>11490 IROQUOIS TERRACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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: *Heriberto Vargas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-22-03 407-482-8234*

Date Daytime Phone #

CR2E037 (4/03)

Attachment #

90148885

NO2000004234

July 23, 2003

To whom may concern,

let me inform you that  
I recieved this document late  
thats why I sent it at this  
time. The document for my uniform  
business report.

Thank You...

Att: JH H