

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

DOCUMENT # **N04000001197**

1. Entity Name

**NEXT LEVEL INTERNATIONAL
MINISTRY, INC**

APPROVED
AND
FILED

05 JUN 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15515 MIAMI LAKEWAY
Suite, Apt. #, etc.
105**

3. Mailing Address

**SAME
Suite, Apt. #, etc.
SAME**

City & State

MIAMI LAKES FL

City & State

SAME

4. FEI Number

01-0837506

Applied For

☐ Not Applicable

Zip

33014

Country

MIAMI DADE

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ENRIQUE RAMIREZ

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

15515 MIAMI LAKEWAY #105

City

MIAMI LAKES

FL

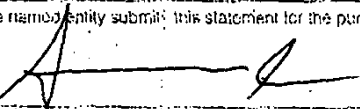
Zip Code

33014

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IN THIS SPACE**

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.

SIGNATURE



6-9-05

ENRIQUE RAMIREZ

(N.B. Registered Agent signature required when registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 **DIRECTOR**
NAME **ENRIQUE RAMIREZ**
STREET ADDRESS **15515 MIAMI LAKEWAY #105**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE **900056411309**
NAME **06/22/05--01004--009 **61.25**

TITLE **DIRECTOR**
NAME **FELICIA VINA**
STREET ADDRESS **15515 MIAMI LAKEWAY #105**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DIRECTOR**
NAME **MARIANO FORTE**
STREET ADDRESS **2794 W 71 PL**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

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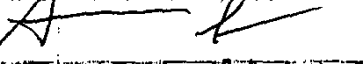
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address with all other like empowered.

SIGNATURE



Reg Agent

6/9/05 786-229-2676

Date

Onfile Phone