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

DOCUMENT # N04000001197

APPROVED AND FILED

05 JUN 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KE

1. Entity Name
NEXT LEVEL INTERNATIONAL MINISTRY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15515 MIAMI LAKEWAY Suite, Apt. #, etc. 105	SAME Suite, Apt. #, etc. SAME
City & State MIAMI LAKES FL	City & State SAME
Zip / Country 33014 / MIAMI DADE	Zip / Country SAME / SAME

4. FEI Number
01-0837506
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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: [signature] 6-9-05

ENRIQUE RAMIREZ
(Typed or printed name of individual who signed above) (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	DIRECTOR
NAME	ENRIQUE RAMIREZ
STREET ADDRESS	15515 MIAMI LAKEWAY #105
CITY-ST-ZIP	MIAMI LAKES 33014
TITLE	DIRECTOR
NAME	FELICIA VINA
STREET ADDRESS	15515 MIAMI LAKEWAY #105
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	DIRECTOR
NAME	MARIANO FORTE
STREET ADDRESS	2794 W 71 PL
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
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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: [signature] Reg Agent 6/9/05 786-229-2076

ENRIQUE RAMIREZ
(Typed or printed name of individual who signed above) (NOTE: Officer or Director signature required when reinstating) Date Daytime Phone #