

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED

08 DEC -8 PM 3: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010096

1. Entity Name  
UNI2S MINISTRIES, INC.



Principal Place of Business  
24801 PORTOFINO DR.  
LUTZ, FL 33559

Mailing Address  
24801 PORTOFINO DR.  
LUTZ, FL 33559

REINSTATEMENT 08



07072008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5803775

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HERNANDEZ, JAVIER  
24801 PORTOFINO DR.  
LUTZ, FL 33559

**DO NOT WRITE  
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. 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

100136871981  
10/13/08--01043--002 \*\*\$61.25

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
HERNANDEZ, JAVIER  
24801 PORTOFINO DR.  
LUTZ, FL 33559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MARGARITA, GREGORY  
24801 PORTOFINO DR.  
LUTZ, FL 33559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC.  
RODRIGUEZ, ROSE LYNN  
24801 PORTOFINO DR.  
LUTZ, FL 33559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

\$712/8

300138956903  
12/11/08--01027--004 \*\*\$236.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Javier Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-09-08

Date

Daytime Phone #