

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13743

1. Entity Name

NIETO, FERNANDO MINISTRIES, INC.

Principal Place of Business

1649 SUNNY BROOK LN B204  
PALM BAY FL 32905

Mailing Address

1649 SUNNY BROOK LN B204  
1211 WEST 33ND ST.  
HIALEAH FL 33012  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2646301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIEGUEZ, LYDIA  
1211 WEST 33RD STREET  
HIALEAH FL 33012

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.

SIGNATURE

Signature, typed or printed name of registered agent and file 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  
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME NIETO, FERNANDO  
STREET ADDRESS 1649 SUNNY BROOK LN B204  
CITY-ST-ZIP PALM BAY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE DS  
NAME NIETO, NOEL F.  
STREET ADDRESS 1649 SUNNY BROOK LN B204  
CITY-ST-ZIP PALM BAY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE D  
NAME NIETO, JOHN WESLEY  
STREET ADDRESS 1649 SUNNY BROOK LN B204  
CITY-ST-ZIP PALM BAY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE T  
NAME DIEGUEZ, LYDIA  
STREET ADDRESS 1211 WEST 33RD ST.  
CITY-ST-ZIP HIALEAH FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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: NIETO, FERNANDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1602 305-823-6087

Date

Daytime Phone #

CR2E037 (9/01)