

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

FILED
May 01, 2003 8:00 am
Secretary of State

0018069

DOCUMENT # N13743

1. Entity Name
NIETO, FERNANDO MINISTRIES, INC.



05-01-2003 90788 046 ****61.25

Principal Place of Business
**1649 SUNNY BROOK LN B204
PALM BAY FL 32906**

Mailing Address
**1649 SUNNY BROOK LN B204
1211 WEST 33RD 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

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**DIEGUEZ, LYDIA
1211 WEST 33RD STREET
HIALEAH FL 33012**

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. 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 _____

FILE NOW: FEE IS \$61.25

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

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

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

TITLE **I** ☐ Delete
NAME **DIEGUEZ, LYDIA**
STREET ADDRESS **1211 WEST 33RD ST.**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

385-823-6097

CR2E037 (10/02)