

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90010 008 \*\*\*\*66.25

**DOCUMENT # N14273**

1. Entity Name

**MINISTERIO LA SENDA ANTIGUA CORP.**

Principal Place of Business

Mailing Address

**4341 NORTHWEST 167TH ST.  
 CAROL CITY FL 33055-4310**

**4341 NORTHWEST 167TH ST.  
 CAROL CITY FL 33055-4310**

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

**59-2668606**

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

**CARRASQUILLO, ANGEL L  
 195 N.W. 72ND ST.  
 MIAMI FL 33150**

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 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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CARRASQUILLO, ANGEL L	195 N.W. 72 ST.	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CARRASQUILLO, ESTHER	195 N.W. 72 ST.	MIAMI FL 33150	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	COLON, LUIS	10050 S.W. 41ST TERRACE	MIAMI FL 33165	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CEDENO, VICTOR	180 SEAMONS STREET	OPA LOCKA FL 33054	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MEDERO, JESUS	16824 N.W. 44TH AVENUE	OPA LOCKA FL 33055	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Rev. [Signature]* **3/12/02** (305)758-7700

CR2E037 (9/01)