

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90941 001 \*\*\*\*66.25

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**DOCUMENT # N14273**  
1. Entity Name  
**MINISTERIO LA SENDA ANTIGUA CORP.**



Principal Place of Business  
**4341 NORTHWEST 167TH ST.  
CAROL CITY FL 33055-4310**

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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**

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

**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. 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	CARRASQUILLO, ANGEL L 195 N.W. 72 ST. MIAMI FL 33150		
SD	CARRASQUILLO, ESTHER 195 N.W. 72 ST. MIAMI FL 33150		
TD	COLON, LUIS 10050 S.W. 41ST TERRACE MIAMI FL 33165		
D	CEDENO, VICTOR 180 SEAMONS STREET OPA LOCKA FL 33054		
D	MEDERO, JESUS 16824 N.W. 44TH AVENUE OPA LOCKA FL 33055		

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]* **2/30/03 (305) 758-7700**

CR2E037 (10/02)