

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90436 024 ****70.00

DOCUMENT # N29951

1. Entity Name

MINISTERIOS CAMINO NUEVO, INC.

Principal Place of Business

Mailing Address

% VICTOR B. GARCIA C.
 6790 SW 12 ST
 MIAMI FL 33144

4952 S.W. 136 PL
 MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0140526

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA C., VICTOR B.
4952 S.W. 136 PL
MIAMI FL 33175

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 Delete
 NAME **PD GARCIA C., VICTOR B.**
 STREET ADDRESS **4952 SW 136TH PLACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD PEREZ, RENE**
 STREET ADDRESS **158 N.E. 41 ST #5**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ALVAREZ, CARLOS**
 STREET ADDRESS **2722 N.W. 2ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Silvio Danilo Juárez**
 STREET ADDRESS **7834 w. 34 Lane # 201**
 CITY-ST-ZIP **Hialeah, FL 33016**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Rogelio Fuentes**
 STREET ADDRESS **11446 n.w. 91 ct.**
 CITY-ST-ZIP **Hialeah Gardens, FL 33016**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Emilio Alexander Herrera**
 STREET ADDRESS **13707 S.W. Kendall Lakes Circle # 116**
 CITY-ST-ZIP **Miami, FL 33183**

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, who is otherwise empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-02 (305) 229-8860

Date

Daytime Phone #

CR2E037 (9/01)