

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34988

1. Entity Name

MINISTERIOS EL BUEN PASTOR, INC.

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90045 007 ****61.25

Principal Place of Business

Mailing Address

980 SW 82ND AVE
MIAMI FL 33144
US

LIDIA RODRIGUEZ
P O BOX 5328
MIAMI FL 33014-1328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

GONZALEZ, OLGA L
16532 SEGOVIA CIRCEL NORTH
PEMBROKE PINES FL 33331

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LIDIA	
STREET ADDRESS	9940 NW 29 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MIRANDO, RONALDO	
STREET ADDRESS	3565 NW 36 ST APT 702	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JULIO	
STREET ADDRESS	16532 SEGOVIA CIR. NORTH	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIA DOLORES	
STREET ADDRESS	9867 NW 52 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MIRANDA, RONALDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15741 S.W. 100 AVE.	
STREET ADDRESS	MIAMI - FL. 33157	
CITY-ST-ZIP		
TITLE	GONZALEZ, JULIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16532 NW 36 ST APT 702	
STREET ADDRESS	MIAMI - FL. 33157	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria Dolores Gonzalez DATE: 1/30/02 PHONE: 305-269-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #