

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90201 011 ****70.00

DOCUMENT # N34988

1. Entity Name

MINISTERIOS EL BUEN PASTOR, INC.



Principal Place of Business

**980 SW 82ND AVE
MIAMI FL 33144
US**

Mailing Address

**LIDIA RODRIGUEZ
PO BOX 655328
MIAMI FL 33265
US**

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 **65-0223564**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FIRPI, MIRIAM
19066 SW 25 CT.
HOLLYWOOD FL 33029**

7. Name and Address of New Registered Agent

Name **EFRAIN KATAHAEL MONTESINO**

Street Address (P.O. Box Number is Not Acceptable)

8510 S.W. 28 ST.

City

Miami

FL

Zip Code

33155

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

2/11/03

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 **DP** ☐ Delete
NAME **RODRIGUEZ, LIDIA**
STREET ADDRESS **9940 NW 29 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ Delete
NAME **RODRIGUEZ, LUIS**
STREET ADDRESS **11841 SW 45 ST.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☒ Delete
NAME **FIRPI, JOSE JR.**
STREET ADDRESS **19540 SW 39TH CT**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **DT** ☐ Delete
NAME **GONZALEZ, MARIA DOLORES**
STREET ADDRESS **9867 NW 52 TERRACE**
CITY-ST-ZIP **MIAMI 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

TITLE **DT** ☒ Change ☐ Addition
NAME **GONZALEZ, MARIA DOLORES**
STREET ADDRESS **4883 N.W. 97 CT.**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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:

MARIA DOLORES GONZALEZ

2/11/03

269-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)