

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40228**

1. Entity Name

NEW LIFE MINISTRIES OF THE PALM BEACHES, INC.

Principal Place of Business

**1063 N. HAVERHILL ROAD
W PALM BEACH FL 33417**

Mailing Address

**1063 N. HAVERHILL ROAD
W PALM BEACH FL 33417**

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

65-0226947

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSADO, REV. GEORGE
1063 N. HAVERHILL ROAD
W PALM BEACH FL 33417**

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	ROSADO, REV. GEORGE	1201 HATTERAS CIRCLE	WEST PALM BEACH FL	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TD	CINTRON, GEORGE	4940 HAVENHILL COMMONS APT 31	WEST PALM BEACH FL 33417	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DVP	ROSADO, ELIZABETH	1201 HATTERAS CIRCLE	W PALM BEACH FL	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
SD	RIVERA, MARISOL	126 RIVERA AVENUE	ROYAL PALM BEACH FL	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	GUTIEREZ, ALFREDO	910 W PINE ST	LANTANA FL 33462	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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: *E. ROSADO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/01 56114348032

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90001 018 ****61.25

C0072033

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)