## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 20, 2002 8:00 am Secretary of State **DOCUMENT # N40228** 1. Entity Name 05-20-2002 90063 022 \*\*\*\*61.25 NEW LIFE MINISTRIES OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 1063 N. HAVERHILL ROAD 1063 N. HAVERHILL ROAD W PALM BEACH FL 33417 W PALM BEACH FL 33417-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0226947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSADO, REV. GEORGE 1063 N. HAVERHILL ROAD W PALM BEACH FL 33417 Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition (9/01) ROSADO, REV. GEORGE NAME NAME STREET ADDRESS 1201 HATTERAS CIRCLE STREET ADDRESS CITY-ST-ZIE WEST PALM BEACH FL CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change, ■ Addition CINTRON: GEORGE NAME 224 Foxtail Drive Unit E STREET ADDRESS 4940 HAVENHILL COMMONS APT 31 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE DVP ☐ Delete TITLE NAME ROSADO, ELIZABETH STREET ADDRESS 1201 HATTERAS CIRCLE STREET ADDRESS CITY-ST-ZIP w Palm Beach Fl CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition NAME RIVERA, MARISOL NAME STREET ADDRESS 126 RIVERA AVENUE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition **GUTIEREZ, ALFREDO** NAME NAME 910 W PINE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition