

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004878

1. Entity Name

MARANATA INC.- MINISTERIO DE BRODERICK ESPINOZA

Principal Place of Business

5080 E 4TH AVE  
#2  
HIALEAH FL 33013  
US

Mailing Address

2120 N W 135 ST  
MIAMI FL 33167  
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

65-0469585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODERICK, ESPINOZA  
2120 N.W. 135TH ST  
MIAMI FL 33167

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 PD  
NAME BRODERICK, ESPINOZA ☐ Delete  
STREET ADDRESS 2745 W 66TH ST., #11  
CITY-ST-ZIP HIALEAH FL 33016

TITLE S  
NAME CELIA ESPINOZA ☐ Change ☒ Addition  
STREET ADDRESS 2730 W 62 PL APT #105  
CITY-ST-ZIP HIALEAH FL 33016

TITLE VD  
NAME ESPINOZA, ALFONSO ☐ Delete  
STREET ADDRESS 2120 NW 135 STREET  
CITY-ST-ZIP MIAMI FL

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

TITLE TD  
NAME RODRIGUEZ, JENNY E ☐ Delete  
STREET ADDRESS 10650 N E 10TH PLACE  
CITY-ST-ZIP MIAMI SHORES FL 33138

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90108 019 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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