

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90001 006 \*\*\*\*61.25

**DOCUMENT # N93000005664**

1. Entity Name

**THE MINISTRY OF RECONCILIATION INC.**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

900 W 49 ST  
 SUITE 520  
 HIALEAH FL 33012  
 US

900 W 49 ST  
 SUITE 520  
 HIALEAH FL 33012  
 US

978040

2. Principal Place of Business

3. Mailing Address

900 W 49 ST  
 Suite, Apt. #, etc.  
 Suite 506

900 W 49 ST  
 Suite, Apt. #, etc.  
 Suite 506

City & State  
 Hialeah

City & State  
 Hialeah F

4. FEI Number **65-0458787**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE



Zip  
 33012

Country  
 US

Zip  
 33012

Country  
 US

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

**WILSON, LEONI**  
**3180 NW 98 ST**  
**MIAMI FL 33147**

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**  
**After September 12, 2001, min. will be \$236.25**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WILSON, LEONI</b> <input type="checkbox"/> Delete <b>3180 NW 98 ST</b> <b>MIAMI FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROSARIO, JOSE R</b> <input type="checkbox"/> Delete <b>1325 N.E. 152ND STREET</b> <b>NORTH MIAMI BEACH FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROSARIO, MARIA</b> <input type="checkbox"/> Delete <b>1325 N.E. 152ND STREET</b> <b>NORTH MIAMI BEACH FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (5/01)

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: *Leoni Wilson* **WIRED**

9/10/2001

305-825-8909