

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002644

1. Entity Name

MINISTERIO TRIGO NUEVO, INC.

Principal Place of Business

1855 W 60 ST. #345
HIALEAH FL 33012

Mailing Address

1855 W 60 ST. #345
HIALEAH FL 33012

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 65-0487211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACADAMS, SAMUEL REV
9815 W OKEECHOBEE RD APT 107
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name REV. SAMUEL MACADAM

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

1855 W 60 Street, # 345

City HIALEAH

FL

Zip Code 33012

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

TITLE PD
NAME MACADAM, SAMUEL REV ☐ Delete
STREET ADDRESS 9815 W OKEECHOBEE RD APT 107
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE TD
NAME CHACOA, EMILIO ☒ Delete
STREET ADDRESS 8630 N.W. 47 CT.
CITY-ST-ZIP LAUDERHILL FL

TITLE SD
NAME MACADAM, ELIZABETH ☒ Delete
STREET ADDRESS 9815 W OKEECHOBEE RD APT 107
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☐ Change ☐ Addition
NAME REV. SAMUEL MACADAM
STREET ADDRESS 1855 W 60 Street, # 345
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD ☒ Change ☐ Addition
NAME NURY MATOS
STREET ADDRESS 3701 Jackson Street, APT # 406
CITY-ST-ZIP Hollywood, FL 33021

TITLE SD ☒ Change ☐ Addition
NAME Angel Lopez
STREET ADDRESS 1351 SW 6 Street, # 11
CITY-ST-ZIP MIAMI, FL 33135

TITLE D ☐ Change ☒ Addition
NAME REV. MANIO LLIN
STREET ADDRESS 836 SUPERIOR STREET
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE D ☐ Change ☒ Addition
NAME Ligia Vaquero
STREET ADDRESS 2401 S. OCEAN DR. # 502
CITY-ST-ZIP Hollywood, FL 33129

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]* MINISTERIO TRIGO NUEVO, INC. Samuel MacAdam 7/10/01 (305) 556-6480

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 020 ****61.25

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DO NOT WRITE IN THIS SPACE

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