

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004922

1. Entity Name

COMPASSION MINISTRIES, INC.

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90436 010 ****61.25

Principal Place of Business

Mailing Address

10691 NORTH KENDALL DRIVE
SUITE 312
MIAMI FL 33176
US

P O BOX 770236
MIAMI FL 33177-0236
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

65-0622834

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

NUNEZ, ALEJANDRO
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143

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 ☐ Delete
NAME ARROYO, RUBEN REV.
STREET ADDRESS 12365 SW 18TH STREET APT. 412
CITY-ST-ZIP MIAMI FL 33175

TITLE ☒ Change ☐ Addition
NAME 15120 S.W. 149 ave
STREET ADDRESS MIAMI, FL 33196
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME RIVERA, LOURDES I REV.
STREET ADDRESS 12365 SW 18TH STREET APT. 412
CITY-ST-ZIP MIAMI FL 33175

TITLE ☒ Change ☐ Addition
NAME 15120 S.W. 149 ave
STREET ADDRESS MIAMI, FL 33196
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PAGAN, LUIS G
STREET ADDRESS 319 32ND ST. JARDINES METROPOLIANOS
CITY-ST-ZIP RIO PIEDRAS PUERTO RICO

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

TITLE D ☐ Delete
NAME DIAS, LUIS M REV
STREET ADDRESS 12321 SW 190TH STREET
CITY-ST-ZIP MIAMI FL 33177

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

TITLE D ☐ Delete
NAME RODRIGUEZ, JOSE R
STREET ADDRESS 15358 SW 43RD TERRACE
CITY-ST-ZIP MIAMI FL 33185

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

(301) 279-7600

Daytime Phone #

CR2E037 (9/01)