

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90024 047 ****70.00

DOCUMENT # N96000003740

1. Entity Name

RESTAURACION, MINISTERIO DE UNIDAD FAMILIAR INC.

Principal Place of Business

**330 SW 27TH AVENUE
 702
 MIAMI FL 33135**

Mailing Address

**330 SW 27TH AVENUE
 702
 MIAMI FL 33135**

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

65-0466201

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

**CORDERO, AMARILIS
 12505 S.W. 95 TERRACE
 MIAMI FL 33186**

Name

AMARILIS CORDERO

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

1425 CROSSBILL CT

City

WESTON

FL

Zip Code

33327

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 CORDERO, AMARILIS
 12505 S W 95TH TERRACE
 MIAMI FL 33186**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1425 CROSSBILL CT
 WESTON, FL 33327**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 LHOESTE, ALBA L
 9440 FOUNTAINEBLUE BLVD APT 112
 MIAMI FL 33172**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DICKSON, PEGGY L
 15174 SW 110 ST
 MIAMI FL 33196**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 CORDERO, MARCIAL
 12505 S.W. 95 TERRACE
 MIAMI FL 33186**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 CORDERO, KATHY
 12505 S W 95TH TERRACE
 MIAMI FL 33186**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 CORDERO, AMARILIS
 12505 S W 95TH TERRACE
 MIAMI FL 33186**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

MARCIAL CORDERO 1/7/02 305 541-9650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)