

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000817

1. Entity Name

NEW SONG MINISTRIES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90009 028 ****61.25

Principal Place of Business

P.O. BOX 655160
MIAMI FL 33265-5160

Mailing Address

P.O. BOX 655160
MIAMI FL 33265-5160

00071001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

123 50 SW 132 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

22-3309027

Applied For

Not Applicable

Zip

33186

Country

MIAMI DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACHIN, DORIS
9742 S.W. 56 TERRACE
MIAMI FL 33173

7. Name and Address of New Registered Agent

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

7/15/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 ☐ Delete
NAME MACHIN, DORIS
STREET ADDRESS 9742 S.W. 56 TERRACE
CITY-ST-ZIP MIAMI FL 33173

TITLE VPD ☐ Delete
NAME BRITO, TANIA
STREET ADDRESS 7916 S.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE SD ☐ Delete
NAME LOPEZ, FRANK
STREET ADDRESS 8914 S.W. 5TH LANE
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ Delete
NAME QUINONES, ELVIN
STREET ADDRESS 110 GREENWOOD CT.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☒ Delete
NAME CARRASQUILLA, MADELINE
STREET ADDRESS 5201 NW 7 ST
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☒ Change ☐ Addition
NAME MADELINE CARRASQUILLO
STREET ADDRESS 5201 NW 7 ST #317
CITY-ST-ZIP MIAMI, FL 33126

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

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

TITLE ☐ Change ☐ Addition
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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

7/15/00 (305) 252-6188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)