

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90100 046 \*\*\*\*70.00

0044841

**DOCUMENT # N97000000817**

1. Entity Name

**NEW SONG MINISTRIES, INC.**

Principal Place of Business

Mailing Address

12350 SW 132 CT  
 #108  
 MIAMI FL 33186

P.O. BOX 655160  
 MIAMI FL 33265-5160

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

**22-3309027**

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

Name

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

City

**FL**

Zip Code

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

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

*Doris Machin*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/11/01*

**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 MACHIN, DORIS  
 STREET ADDRESS 9742 S.W. 56 TERRACE  
 CITY-ST-ZIP MIAMI FL 33173

TITLE SECRETARY ☐ Change ☒ Addition  
 NAME MARIA RODRIGUEZ  
 STREET ADDRESS 10613 Hammocks Blvd. #213  
 CITY-ST-ZIP Miami FL 33196

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

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

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

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

TITLE TD ☐ Delete  
 NAME CARRASQUILLO, MADELINE  
 STREET ADDRESS 5201 NW 7 ST #317  
 CITY-ST-ZIP MIAMI FL 33126

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

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

*1/11/01*

Date

*(305) 252-6180*

Daytime Phone #

CR2E037 (10/00)