

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90001 043 ****70.00

DOCUMENT # N97000001092

1. Entity Name

MINISTERIO JUVENTUD DEL MUNDO ENTERO, INC.



Principal Place of Business

4101 54TH AVE N
 ST. PETERSBURG FL 33714
 US

Mailing Address

P. O. BOX 2264
 PINELLAS PARK FL 33780
 US

2. Principal Place of Business

4101 54TH AVE. NO.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2264
 Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

City & State

PINELLAS PARK FL.

Zip

Country

33714

Zip

Country

33780

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TORRES, PEDRO J
 4801 7TH AVE N
 ST. PETERSBURG FL 33713

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

8-8-01

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	ED	<input type="checkbox"/> Delete
NAME	TORRES, PEDRO J REV	
STREET ADDRESS	4801 7TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	CT	<input type="checkbox"/> Delete
NAME	VARGAS, JOSE & MARITZA	
STREET ADDRESS	3711 MCKINLEY COURT #B	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	ESD	<input type="checkbox"/> Delete
NAME	BRAVO, HEIDI	
STREET ADDRESS	6314 1ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MARTINEZ, HILL	
STREET ADDRESS	6314 41ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	EDT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, WILLIAM	
STREET ADDRESS	3620 41ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	CT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OSCAR + LOURDES	
STREET ADDRESS	6447 WILLOW WOOD LN	
CITY-ST-ZIP	TAMPA FL 33634	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a check like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-01

CR2E037 (5/01)