

2001 UNIFORM BUSINESS REPORT (UBR)

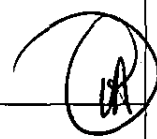
FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90012 041 ****70.00

DOCUMENT # N97000006379

1. Entity Name

HENRY FERNANDEZ MINISTRIES, INC.



Principal Place of Business

Mailing Address

4061-69 NW 16 ST.
LAUDERHILL FL 33317

4061-69 NW 16 ST.
LAUDERHILL FL 33317

00063110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0792752**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FERNANDEZ, HENRY
4061-69 NW 16 ST.
LAUDERHILL FL 33317

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, HENRY	
STREET ADDRESS	209 NW 45 AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CAROL	
STREET ADDRESS	209 NW 45 AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SIMS, EDDIE	
STREET ADDRESS	7951 SW 7TH ST.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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~~

Henry Fernandez

9/6/01

954-739-8831

CR2E037 (5/01)