

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006666

1. Entity Name

MINISTERIO DE PRISIONES "HEBREOS 13:3", INC.

Principal Place of Business

133 ROSEDALE DRIVE
DELTONA FL 32838

Mailing Address

P O BOX 390505
DELTONA FL 32738
US

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

59-3480192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RICARDO
133 ROSEDALE DRIVE
DELTONA FL 32738

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

TITLE PD
NAME RODRIGUEZ, RICARDO
STREET ADDRESS 133 ROSEDALE DR
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE VPD
NAME ACOSTA, AMBROSIO
STREET ADDRESS 1825 BONKIRK DR
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE SD
NAME ACOSTA, ALMA D
STREET ADDRESS 1825 BONKIRK DR
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE TD
NAME COLON, HILDA
STREET ADDRESS 1268 COURTLAND BLVD
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

SIGNATURE REQUIRED Ricardo H. Rodriguez 8/29/01 (407) 330-1647

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90028 049 ****61.25

00006106



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)