

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/24

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90329 012 \*\*\*\*70.00

**DOCUMENT # N98000003690**

1. Entity Name

**RENEW'S MINISTRY MIS RENUEVOS, INC.**

Principal Place of Business

6140 SOUTHWEST 34TH COURT  
 FT LAUDERDALE FL 33314

Mailing Address

POST OFFICE BOX 292522  
 DAVIE FL 33329-2522

2. Principal Place of Business

6451 Pembroke Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 292522  
 Suite, Apt. #, etc.

City & State

Hollywood Florida  
 Zip Country

33023 U.S.A.

City & State

Davie, Florida  
 Zip Country

33329 U.S.A.

4. FEI Number

65-0848227

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

**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

TITLE PD  
 NAME VARGAS, GONZALO JR.  
 STREET ADDRESS 6140 SOUTHWEST 34TH COURT  
 CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Delete

TITLE VDS  
 NAME VARGAS, SHERYL L  
 STREET ADDRESS 6140 SW 34TH CT  
 CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Delete

TITLE T  
 NAME SANTO, LILI JULIA  
 STREET ADDRESS 1378 178TH ST NE  
 CITY-ST-ZIP N MIAMI BEACH FL 33162 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 PD  
 NAME Vargas, Gonzalo Jr.  
 STREET ADDRESS 6451 Pembroke Rd.  
 CITY-ST-ZIP HAWO, FL. 33023 ☐ Change ☐ Addition

TITLE VDS  
 NAME Vargas, Sheryl L.  
 STREET ADDRESS 6451 Pembroke Rd.  
 CITY-ST-ZIP HAWO, FL. 33023 ☒ Change ☐ Addition

TITLE Secretary S.D.  
 NAME Gloria Bosch  
 STREET ADDRESS 1720 Cleveland St. Apt. 205W  
 CITY-ST-ZIP HAWO, FL. 33020 ☒ 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: *Sheryl L. Vargas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2001 (954) 985-0308  
 Date Daytime Phone #

CR2E037 (10/00)