

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002962

1. Entity Name

NEW NAME INTERNATIONAL MINISTRY, INC.

Principal Place of Business

5815 POLK STREET, NO. 2
HOLLYWOOD FL 33021

Mailing Address

5815 POLK STREET, NO. 2
HOLLYWOOD FL 33021-6333

2. Principal Place of Business

17090 NW 22 ST.

3. Mailing Address

P.O. Box 825492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

South Florida, FL.

4. FEI Number

65-0919301

☒ Applied For

☐ Not Applicable

Zip

33028

Country

USA

Zip

33082-5492

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, PEDRO JR.

5815 POLK STREET, NO. 2
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Pedro Rivera Jr.

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

17090 NW 22 St.

City Pembroke Pines

FL

Zip Code 33028

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

Pedro Rivera Jr.

Pedro Rivera Jr.

4/12/2000

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	<input type="checkbox"/> Delete
NAME	RIVERA, PEDRO JR	
STREET ADDRESS	5815 POLK STREET, NO. 2	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, ROXANA	
STREET ADDRESS	5815 POLK STREET, NO. 2	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, REV. PEDRO SR	
STREET ADDRESS	6690 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVERA, CARMEN	
STREET ADDRESS	6690 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Pedro Jr	
STREET ADDRESS	17090 NW 22 ST	
CITY-ST-ZIP	Pembroke Pines, FL. 33028	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ROXANA	
STREET ADDRESS	17090 NW 22 ST	
CITY-ST-ZIP	Pembroke Pines, FL. 33028	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, REV. PEDRO SR.	
STREET ADDRESS	17090 NW 22 ST.	
CITY-ST-ZIP	Pembroke Pines, FL. 33028	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, CARMEN	
STREET ADDRESS	17090 NW 22 ST.	
CITY-ST-ZIP	Pembroke Pines, FL. 33028	
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 all other like empowered.

SIGNATURE:

Pedro Rivera Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

954-494-2387

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE