

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002962**

1. Entity Name

**NEW NAME INTERNATIONAL MINISTRY, INC.**

Principal Place of Business

17090 NW 22 ST  
PEMBROKE PINES FL 33028  
US

Mailing Address

PO BOX 825492  
SOUTH FLORIDA FL 33082-5492  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0915301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, PEDRO JR.**  
17090 NW 22 ST  
PEMBROKE PINES FL 33028

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**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**RIVERA, PEDRO JR**  
**17090 NW 22 ST**  
**PEMBROKE PINES FL 33028** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD**  
**RIVERA, ROXANA**  
**17090 NW 22 ST**  
**PEMBROKE PINES FL 33028** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD**  
**RIVERA, REV. PEDRO SR**  
**17090 NW 22 ST**  
**PEMBROKE PINES FL 33028** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD**  
**RIVERA, CARMEN**  
**17090 NW 22 ST**  
**PEMBROKE PINES FL 33028** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
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** **Rivera Jr**

8/23/01

954-494-2387

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

08-31-2001 90114 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)