

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006533

1. Entity Name

FAMILY SUPPORT MINISTRY, INC.

FILED

Sep 08, 2002 8:00 am  
Secretary of State

09-08-2002 90091 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3703 NW 121 AVE  
SUNRISE FL 33323

3703 NW 121 AVE  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957920

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

ORTEGA, EXY L  
3703 NW 121 AVE  
SUNRISE FL 33323

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ORTEGA, EXY L  
STREET ADDRESS 3703 NW 121 AVE  
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE SD ☐ Delete  
NAME RAMIREZ, DORYS  
STREET ADDRESS 1023 NW 81 TERRACE  
CITY-ST-ZIP PLANTATION FL 33322

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

TITLE TD ☐ Delete  
NAME FIORENZA,  
STREET ADDRESS PO BOX 24561  
CITY-ST-ZIP SAN JOSE CA 95154

TITLE ☒ Change ☐ Addition  
NAME TO FIORENZA, FRANCISCO  
STREET ADDRESS PO BOX 24561  
CITY-ST-ZIP SAN JOSE, CA 95154

TITLE ☐ Delete  
NAME DR. Adolfo Navarro  
STREET ADDRESS 2921 SW 16 ST  
CITY-ST-ZIP Fort Laud. FL 33312

TITLE ☐ Change ☒ Addition  
NAME DR. Adolfo Navarro  
STREET ADDRESS 2921 SW 16 ST.  
CITY-ST-ZIP Fort Laud. FL 33312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature of Adolfo Navarro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02  
Date

(954) 578-8504  
Daytime Phone #

CR2E037 (9/01)