

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90103 005 ***150.00

DOCUMENT # **PO2000031006**

1. Entity Name
**LA NUEVA CREACION MINISTRIES
SOUND STUDIO, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S.E. 11th AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT # 201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33060

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

George LaTorre

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

300 SE 11 Ave

APT # 201

City

Pompano Beach

FL

Zip Code

33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE **2/4/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. George LaTorre 300 SE 11 Ave APT 201 Pompano Beach, FL. 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA. Carmen LaTorre 300 SE 11 Ave APT 201 Pompano Beach, FL. 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. Rosalie LaTorre 300 SE 11 Ave. APT 201 Pompano Beach, FL. 33060
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **George LaTorre** 2/4/03 (954) 545 9275

Daytime Phone #