

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005968

Entity Name: UN NUEVO EMPEZAR MINISTRIES, INC.**Current Principal Place of Business:**3851 NE 21 AVE.
SUITE 29
LIGHTHOUSE POINT, FL 33064**Current Mailing Address:**3851 NE 21 AVE.
SUITE 29
LIGHTHOUSE POINT, FL 33064**FEI Number:** 47-4348554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRUZ, MIGUEL A
3851 NE 21 AVE
SUITE 29
LIGHTHOUSE POINT, FL 33064 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	CRUZ, MIGUEL A
Address	3851 NE 21 AVE. SUITE 29
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	VPD
Name	CRUZ, ANIDE H
Address	3851 NE 21 AVE. SUITE 29
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	D
Name	CRUZ, MIGUEL A
Address	3851 NE 21 AVE. SUITE 29
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	STD
Name	MESALIEN, WILLUAMCE
Address	1600 NW 14 CIRCLE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DADV
Name	MESALIEN, WILGENS
Address	1021 S. RIDGEWOOD AVENUE #2
City-State-Zip:	DAYTONA BEACH FL 32114

Title	DADV
Name	TIJERO, IVETTE
Address	2412 SW 137 COURT
City-State-Zip:	MIAMI FL 33127

Title	AS/D
Name	RUGUERA , AMANDA
Address	7790 NW 44 COURT
City-State-Zip:	CORAL SPRINGS FL 33065

Title	D
Name	AYALA , ADALBERTO
Address	4201 AUTUMN PALM DRIVE
City-State-Zip:	ZEPHYRHILLS FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL CRUZ**PRESIDENT****03/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date