

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726319

1. Entity Name

CHRISTIAN ANDES MISSION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90094 040 ****61.25

Principal Place of Business

Mailing Address

630 LEONA VICARIO
 COL GUAJARDO
 TECATE B.C MEXICO

PO BOX 433758
 SAN YSIDRO CA 92143-3758
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1800

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

Tecate, CA

Zip

Country

Zip

Country

91980

San Diego

4. FEI Number

23-7366817

Applied For

Not Applicable

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

FRIES, JOHN W.
 5504 19TH STREET
 ZEPHYRHILLS, 33540

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 John W. Fries

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 FRIES, JOHN W.
 STREET ADDRESS PO BOX 433758 N/A
 CITY-ST-ZIP SAN YSIDRO CA 92143

TITLE President ☒ Change ☐ Addition
 NAME Fries, John W.
 STREET ADDRESS P.O. Box 1800
 CITY-ST-ZIP Tecate, CA 91980

TITLE VPD ☐ Delete
 NAME FRIES, JEAN E.
 STREET ADDRESS PO BOX 433758 N/A
 CITY-ST-ZIP SAN YSIDRO CA 92143-3758

TITLE VPD ☒ Change ☐ Addition
 NAME Jean E. Fries
 STREET ADDRESS P.O. box 1800
 CITY-ST-ZIP Tecate, CA 91980

TITLE SD ☐ Delete
 NAME WHITE, ROBERT
 STREET ADDRESS 5504 19TH STREET
 CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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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: John W. Fries

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000 011-52-6-654

John W. Fries, Pres. 3127

Date

Daytime Phone #

Mex.

CR2E037 (9/99)