

1/15/

FILED
May 12, 2002 8:00 am
Secretary of State

01-15-2002 90020 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006133

1. Entity Name

MISSION HALL, INC.

Principal Place of Business

1938 SW 6TH ST
MIAMI FL 33135-3208

Mailing Address

1938 SW 6TH ST
MIAMI FL 33135-3208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

LOBO, CANON MICHAEL F
1938 SW 6TH ST
MIAMI FL 33135-3208

PRESIDENT

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 file if applicable.

NOTE: Registered Agent Signature required when appointing

DATE

FILE NOW: FEE IS \$81.25

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 NAME
STREET ADDRESS
CITY-ST-ZIP
CANON MICHAEL F. LOBO / PRESIDENT
1938 SW 6th STREET
MIAMI, FL 33135-3208

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
ID VERA, CONSUELO F. D / TREASURER
1208 Cordova
Coral Gables, FL 33134

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
SD LOBO, ROBERTO F. D / SECRETARY
1938 SW 6 Street
Miami, FL 33135

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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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)(f), 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

Canon Michael F. Lobo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO MICHAEL F. LOBO

1-09-02 305644 0037

Date

Daytime Phone #

CREATED (8/01)