

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11086

1. Entity Name

MISSIONARIES OF THE POOR, INC.

Principal Place of Business

11534 SW 127 CT
MIAMI FL 33186

Mailing Address

11534 SW 127 CT
MIAMI FL 33186

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

59-2824556

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

CHIN, JUNE
11534 SW 127 STREET
MIAMI FL 33186

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 NAME STREET ADDRESS CITY-ST-ZIP	P LUNG, RICHARD H 11534 SW 127 CT MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIN, JUNE 11534 SW 127 CT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KULANDAIRAJ, AMBROSE 14550 SW 110 TERR MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, GLORIA 16319 CARTER RD DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, BRIAN C/O 115 34 SW 127TH CT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, GRACE 910 SW 88 WAY PEMBROKE PINES FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HO LUNG, RICHARD 11534 SW 127 CT MIAMI, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

June Chin SIGNATURE REQUIRED CHIN

1/10/2001

(305) 382-8466 OR.
(305) 387-0442



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)