FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N11086** 1. Entity Name 04-23-2002 90403 029 ****61.25 MISSIONARIES OF THE POOR, INC. Principal Place of Business Mailing Address 11534_SW T27_ET 11534_SW-127_ CT MIMILEL 33186 MHAMLEL 33186 3. Mailing Address 2. Principal Place of Business z. Principal Place of Business 14470 <u>Smilk</u> Sundy R. 14470 Smith Sumby Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2824556 BEACH Not Applicable DECRAY IRAY \$8.75 Additional 5. Certificate of Status Desired Fee Required U.5A 7. Name and Address of New Registered Agent 6.1 Name and Address of Current Registered Agent ILORIA Street Address (P.O. Box Number is Not Acceptable) CHIN, JUNE 11534 SW 127 STREET MIAM! FL 33186 ELRAY 33446 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. GLORIA MORRIS VICE PRES SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (9/01 TITLE TITLE HOLLING: RICHARD NAME HO LUNG, RICHARD NAME 14470 Smith SUNDYRD STREET ADDRESS STREET ADDRESS 11534 SW 127 CT DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP MIAMITEL morris: GLORIA Change ☐ Delete TITLE TITLE NAME NAME 14470 Smith SUNDY RD 14524 - 010 - 10 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL33446 CITY-ST-7IP CITY-ST-ZIP miami fl TITLE Delete TITLE NAME Kulandairaj, ambrose NAME STREET ADDRESS 14550 SW 110 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL **Change** ☐ Addition ☐ Delete TITLE TITLE 2900 NE 45 ST Lighthouse POINT FL 33064 KERR: BRIAN 14470 Smith Sundy Rd NAME NAME STREET ADDRESS STREET ADDRESS 16519 CARTER RD CITY-ST-ZIP CITY-ST-ZIP DELPAY BEACH FL TITLE TITLE NAME KERR, BRIAN NAME - my Cir. STREET ADDRESS STREET ADDRESS C/O 115-94-6W in me CITY-ST-ZIP CITY-ST-ZiP TITLE NAME WASHINGTON, GRACE STREET ADDRESS STREET ADDRESS 910 SW 88 WAY CITY-ST-ZIP PEMBROKE PINES FL 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.

FFICER OR DIRECTOR DOLLAR MORRIS VICE PRES MAR 30.02 SIGNATURE: