

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-07-2002 90263 040 ****61.25

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1. Entity Name

LOVE AND MIRACLES OF JESUS CHRIST CORPORATION

Principal Place of Business

Mailing Address

4171 NW 110 AVE. N. SIDE
 CORAL SPRINGS FL 33065
 US

11351 NW 40 PL
 SUNRISE FL 33323
 US

2. Principal Place of Business

11351 NW 40 PL

3. Mailing Address

11351 NW 40 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

SUNRISE

Zip

FL

Country

33323

Zip

FL

Country

33323

4. FEI Number

65-0695754

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULI, OSCAR A
 7503 KIMBERLY BLVD. APT #110
 NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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 re-registering)

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	<input type="checkbox"/> Delete
PD	PAULI, OSCAR A	4171 NW 110 AVE. N. SIDE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
VD	HEGEL, NELIDA B	4171 NW 110 AVE. N. SIDE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
TD	PAULI, GRISELDA E	4171 NW 110 AVE. N. SIDE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
SD	HERNANDEZ, LUIS D	4171 NW 110 AVE. N. SIDE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	LACOT, MARIA M	8040 COLONY CIR. BLDG. 2 APT. 305	TAMARAC FL 33321	<input type="checkbox"/>
D	HEGEL, MARIA	8430 NW 40TH STREET	CORAL SPRINGS FL 33065	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Pauli Oscar	11351 NW 40 PL	SUNRISE FL 33323	<input type="checkbox"/>	<input type="checkbox"/>
	Hegel Nelida	11351 NW 40 PL	SUNRISE FL 33323	<input type="checkbox"/>	<input type="checkbox"/>
	Pauli Griselda	11351 NW 40 PL	SUNRISE FL 33323	<input type="checkbox"/>	<input type="checkbox"/>
	Hernandez Luis	11351 NW 40 PL	SUNRISE FL 33323	<input type="checkbox"/>	<input type="checkbox"/>

CR2007 (9/01)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Home (954) 578-7871
 Daytime Phone #