

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90070 001 ****70.00

DOCUMENT # **N 97000000265 (3)**

1. Entity Name

UNITED CHRISTIAN MISSIONS TO INDIA (UCMI)

Principal Place of Business

Mailing Address

**9814 S.W 58 COURT
 COOPER CITY FL 33328**

**9814 S.W 58TH COURT
 COOPER CITY
 FL 33328**

2. Principal Place of Business

3. Mailing Address **UNITED CHRISTIAN MISSIONS TO INDIA
 P.O. BOX 792942 DAVID FL 33329**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0722775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ABRAHAM KUNNIPARAMPIL N.
 9814 S.W 58TH COURT
 COOPER CITY FL 33328**

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	PD	<input type="checkbox"/> Delete
NAME	ABRAHAM KUNNIPARAMPIL	
STREET ADDRESS	9814 S.W 58TH COURT	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D ABRAHAM, NINANK	<input type="checkbox"/> Delete
NAME	9814 S.W 58TH COURT	
STREET ADDRESS	COOPER CITY FL 33328	
CITY-ST-ZIP		
TITLE	D THOMAS, P T	<input type="checkbox"/> Delete
NAME	PULIMOOTIL KOTTAKED HOUSE	
STREET ADDRESS	KERALA INDIA	
CITY-ST-ZIP		
TITLE	D SAMUEL, C J	<input type="checkbox"/> Delete
NAME	JOSE BHAVEN KARUVATTA	
STREET ADDRESS	KERALA INDIA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **P KUNNIPARAMPIL N ABRAHAM Abraham N.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000 (954) 434-4553
 Date Daytime Phone #

CR2007 10/00