2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003
Secretary of State

DOCUMENT# N99000004722

Entity Name: NEW LIFE REFUGE, INC.

Current Principal Place of Business:

3360 DAVIE BLVD
SUITE B
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1086 LONG ISLAND AVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0940671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WRIGHT, LEANETTA
170 PENN WAY
FORT LAUDERDALE, FL 33312

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, LEANETA
Address: 1086 LONG ISLAND AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD ( ) Delete
Name: WRIGHT, OTHNNIEL
Address: 1086 LONG ISLAND AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD ( ) Delete
Name: MASONT, EVELYN
Address: 609 4TH STREET NORTH
City-St-Zip: BIRMINGHAM, AL 35204

Title: T ( ) Delete
Name: ASHLEY, DEBORAH
Address: 2923 DEWEY STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANETTA WRIGHT PD 08/12/2003

Electronic Signature of Signing Officer or Director — Date