

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2000 90010 031 ****61.25

DOCUMENT # N99000007429

1. Entity Name

THE LORDS PLACE OF SAFETY INC.

2

Principal Place of Business

1311 NORTHWEST 170 TERRACE
 MIAMI FL 33169

Mailing Address

1311 NORTHWEST 170 TERRACE
 MIAMI FL 33169

AUUCDDGU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1311 NW 170 TERR
 Suite, Apt. #, etc.

3. Mailing Address

1311 NW 170 TERR
 Suite, Apt. #, etc.

City & State

Miami

City & State

FL 33169

4. FEI Number

NONE

(Applying For)
 Applied For
 Not Applicable

Zip

Country

Zip

Country

DAD E

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

GRIFITHS, LENA M
 1311 NORTHWEST 170 TERRACE
 MIAMI FL 33169

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	GRIFITHS, LENA M	
STREET ADDRESS	1311 NORTHWEST 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	THAMAS, LEONA	
STREET ADDRESS	1553 SOUTHWEST 119 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEITH, BRENDA	
STREET ADDRESS	10900 SOUTHWEST 145 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NONE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 EMPLOYED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00 305-6206977

Date Daytime Phone #

CR2E037 (5/00)