

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90264 006 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007310

1. Entity Name
SERGOD MISSION INTERNATIONAL, INC.

Principal Place of Business Mailing Address
8633 NW 57 CT **8633 NW 57 CT**
CORAL SPRINGS FL 33067 **CORAL SPRINGS FL 33067**

31101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-1152364 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VARGHESE, JOHN
8633 NW 57 CT
CORAL SPRINGS FL 33067

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]* **JOHN VARGHESE**, *President* **4-22-02**
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGHESE, JOHN	NAME	
STREET ADDRESS	8633 NW 57 CT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	CITY-ST-ZIP	
TITLE	<i>1. Bus. Sec. "D"</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacob Kochumman "T"	NAME	
STREET ADDRESS	40 8633 NW 57 CT.	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33067	CITY-ST-ZIP	
TITLE	<i>Secretary "D"</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lilly Kuthy Varghese	NAME	
STREET ADDRESS	8633 NW 57 CT, Cor. Spngs. 33067	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>Director - (V.P.)</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tina Ann Varghese	NAME	
STREET ADDRESS	8633 NW 57 CT, CS. 33067	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **TINA VARGHESE**, *President* **4.22.02** **(954) 856-3456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)