

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90022 014 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 738032</b>			
<b>1. Entity Name</b> <b>JESUS STUDENT'S FELLOWSHIP, INC.</b>			
<b>Principal Place of Business</b> 9775 S.W. 87TH AVENUE MIAMI FL 33176		<b>Mailing Address</b> 9775 S.W. 87TH AVENUE MIAMI FL 33176	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 59-2096410		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PATTERSON, RICKEY 9775 S.W. 87TH AVENUE MIAMI FL 33176			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> PATTERSON, RICKEY L 9775 S.W. 87TH AVENUE MIAMI FL <input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> PATTERSON, SHARON R 9775 SW 87 AVE MIAMI FL <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CORTES-RIVERA, CARLOS 9775 SW 87 AVE MIAMI FL <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <i>SID PATRICK REYNOLDS</i>		<i>1/3/2001</i>	<i>305-595-5314</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E037 (10/00)