

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90500 016 ****70.00

DOCUMENT # 817600

1. Entity Name
WORLD MISSIONS INC.

Principal Place of Business Mailing Address
PO BOX 402031 MIAMI BEACH FL 33140 **PO BOX 402031 MIAMI BEACH FL 33140**

2. Principal Place of Business **414 - 116th Street** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
(SAME)

City & State **Miami Beach FLA** City & State
 Zip **33139** Country **U.S.A** Zip Country
33139 U.S.A

4. FEI Number **59-1023412** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CLINE, CHARLES (DECEASED)
2001 WASHINGTON AVE. #306 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **JAMES GARCIA**
 Street Address (P.O. Box Number is Not Acceptable) **6010 NORTH SHORE DRIVE Miami Beach**
 City **MIAMI BEACH** FL Zip Code **33141**

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 *James Garcia* **JAMES GARCIA President and Treasurer 2-18-02**
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 NAME STREET ADDRESS CITY-ST-ZIP	PT CLINE, CHARLES 2001 WASHINGTON AVE. MIAMI FL 33139 <i>Deceased (1-16-02)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARCIA, JAMES 6010 North Shore Drive Miami Beach FLA 33141-2434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSSIEL, HERBERT L. 542 EUCLID AVE. #5 MIAMI BCH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT GARCIA, JAMES 610 NORTH SHORE DRIVE MIAMI BCH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *James Garcia* **JAMES GARCIA President and Treasurer 2/18/02** (305) 597-2673 (w) (305) 866-5355 (H)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)