

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005236****1. Entity Name**
THE NAMA HATTA MISSION OF CALIFORNIA INC.**Principal Place of Business**
3722 DELMAS TERRACE, SUITE #5
LOS ANGELES CA 90034
Mailing Address
C/O SPRING WALLACE
706 WHITE STREET, #8
KEY WEST FL 33040**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
77-0369674Applied 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 AgentWALLACE SPRING
706 WHITE STREET, #8KEY WEST FL
33040 US**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** **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	RENNINGER NAOMI	
STREET ADDRESS	3716 SAN PABLO DAM ROAD, #9	
CITY-ST-ZIP	EL SOBRANTE CA 94803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALSH GABRIEL	
STREET ADDRESS	2132 5TH AVENUE, #107	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	LANGEVIN JOSEPH Y	
STREET ADDRESS	3722 DELMAS TERRACE, SUITE #5	
CITY-ST-ZIP	LOS ANGELES CA 90034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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)(f), 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:** Joseph Y Langevin PCD 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)