2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005237

FILED Apr 15, 2003 Secretary of State

Entity Name: THE HARI NAMA MISSION (MISSION OF THE DIVINE NAME) INC.

	rincipal Place o	vi Dubilicaa.	New Principal Place	e vi Dusiliess.
	ELUPE DRIVE DO HILLS, CA 9	95762	865 NE 149TH ST NORTH MIAMI, FL 3	33161 US
Current M	lailing Address	::	New Mailing Addre	ss:
	9TH STREET IIAMI, FL 33161	US		
El Number	: 68-0318273	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of Cเ	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	E, SPRING 9TH STREET			
NORTH M The above	IIAMI, FL 33161 named entity su	US ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
NORTH M The above n the State	IIAMI, FL 33161 named entity sue of Florida.		ourpose of changing its register	red office or registered agent, or both,
NORTH M The above	IIAMI, FL 33161 named entity sue of Florida. RE:			red office or registered agent, or both, Date
NORTH M The above n the State SIGNATUI	IIAMI, FL 33161 named entity sue of Florida. RE:	ubmits this statement for the p	ent	
NORTH M The above n the State SIGNATUI	named entity sue of Florida. RE: Electronic S AND DIRECT	ubmits this statement for the positions of Registered Age ORS: Delete YA DRIVE	ent	Date
NORTH M The above In the State SIGNATUE OFFICER: Vitle: Vame: Address:	e named entity sue of Florida. RE: Electronic S AND DIRECT PCD () I DAS, VEDA GUH 10 GUADELUPE EL DORADO HIL	ubmits this statement for the positions of Registered Age ORS: Delete YA DRIVE LS, CA 95762 Delete EPH Y ERRACE, #5	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LANGEVIN SD 04/15/2003