2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005138

Entity Name: INTERFAITH MULTICULTURAL SERVICE CENTER, INC.

FILED Feb 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2224 NE 11TH AVENUE 4724 NW 4TH STREET WILTON MANORS, FL 33305 PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 2224 NE 11TH AVENUE 4724 NW 4TH STREET WILTON MANORS, FL 33305 PLANTATION, FL 33317 FEI Number: 11-3376303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, PATRICK E THOMPSON, PATRICK E 7251 NW 47TH PLACE, BLVD WOODS NORTH 4724 NW 4TH STREET LAUDERHILL, FL 33319 PLANTATION, FL 33317 US 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: 02/07/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD (X) Change () Addition () Delete THOMPSON, PATRICK E THOMPSON, PATRICK E Name: Name: 7251 NW 47TH PL BLVD WOODS NORTH Address: 4724 NW 4TH STREET Address: City-St-Zip: LAUDERHILL, FL City-St-Zip: PLANTATION, FL 33317 (X) Change () Addition Title: VD () Delete Title: SMALL, TYRONE E Name: SMALL, TYRONE E Name: Address: 7251 NW 47TH PL BLVD WOODS NORTH Address: 4724 NW 4TH STREET City-St-Zip: LAUDERHILL, FL City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: () Change () Addition MOHAMMED, PATRICIA A Name: Name: 6941 NW 45TH STREET Address: Address: City-St-Zip: LAUDERHILL, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIRNON, EVELYN Name: 4040 DUREYEA AVE Address: Address: City-St-Zip: BRONX, NY City-St-Zip: Title: Title: () Delete () Change () Addition BROWN, WILFRED A Name: Name: 6800 NW 46TH CT Address: Address: City-St-Zip: LAUDERHILL, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition PHILLIPS, OLIVER Name: Name: Address: Address: 4724 NW 4TH STREET PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

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: PET P 02/07/2002