

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90056 019 \*\*\*\*61.25

**DOCUMENT # N00000002533**

1. Entity Name

**INTERNATIONAL CHRISTIAN BUSINESS & PROFESSIONALS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 1525  
 HALLANDALE FL 33008-1525

P. O. BOX 1525  
 HALLANDALE FL 33008-1525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 190645

P.O. Box 190645

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33319

USA

33319

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ROZANNA  
 1005 NW 7TH AVE.  
 HALLANDALE FL 33009

Name: Moore, Rozanna

Street Address (P.O. Box Number is Not Acceptable)

1424 AVON LANE, # 321

City North Lauderdale FL Zip Code 33068

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

Bozanna Moore

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 D ☐ Delete  
 NAME MOORE, ROZANNA  
 STREET ADDRESS 1005 NW 7TH AVE.  
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition  
 NAME Moore, Rozanna  
 STREET ADDRESS 1424 Avon Lane, #321  
 CITY-ST-ZIP North Lauderdale, FL 33068

TITLE D ☒ Delete  
 NAME DIXON, NASHA  
 STREET ADDRESS 820 S. PARK ROAD #338  
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME LOTMORE, ELSIE E  
 STREET ADDRESS 8200 SW 22ND ST.  
 CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE ☒ Change ☐ Addition  
 NAME Lotmore, Elsie E  
 STREET ADDRESS 1424 Avon Lane, #321  
 CITY-ST-ZIP North Lauderdale, FL 33068

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Moore, Leslie L  
 STREET ADDRESS 1424 Avon Lane, Apt. 321  
 CITY-ST-ZIP North Lauderdale, FL 33068

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 954-597-2393

Date

Daytime Phone #

CR2E037 (9/01)