2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOOOOOO5371 1. Entity Name MIAMI CHRISTIAN CENTER, INC.				Secretary of State 02-01-2001 90024 002 ****70.00		
Principal Place of Business Mailing Address 2599 DOLLY BAY DR #T209 PALM HARBOR FL 34684 Mailing Address 2599 DOLLY BAY DR #T2 PALM HARBOR FL 34684		9	.)	9 1 (0 9 9 9 	
2. Principal Place of Business 1172 South Divice His Suite, Apt. #, etc.	1 9	HIGHWAY		DO NOT WRITE IN THIS SPACE		
City & State CORAL GABLES FL	City & State CORAL GAbles, Fl		4. FEI Numbe	-366555	Applied For Not Applicable	
Zip Country 33146-2498 USA 6. Name and Address of Curren	33146-219& nt Registered Agent	Country U.S.A			68.75 Additional ee Required	
RUALES, LUIS 2599 DOLLY BAY DR #T209 PALM HARBOR FL 34684 1173 South Dixie Highway #409 City Coral Gables FL Zip Code 33146- 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. 2918 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				Make Check Pa Department o		
TITLE PD RUALES, LUIS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 TITLE VD RUALES, CATHERINE	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD RUALES, LUI 1172 South CORAL GAE	S Dixie Highway 1 SLES, FL 3311	Change	
STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 DITILE STEUER, MICHAEL 2619 BELLHURST DR DUNEDIN FL 34698	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1172 South CORAL GAE	Dixie Highwan	1 - 404 46 - 29 18 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schendorf, 1172 South Cural Gables	DIRIE LIGHMAN +		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scarallo R	anily butreach cent	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this caned or supplied when the information supplied with the information s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemption stat	ted in Section 119.07(3)(i	[☐ Change ☐ Addition	

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.

IGNATURE:

| Substitute |