

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N01000000017****1. Entity Name**  
HIGHER POWER CHRISTIAN MINISTRIES, KARATE TEAM, INC.

<b>Principal Place of Business</b> P. O. BOX 172455  HIALEAH FL 33017	<b>Mailing Address</b> P. O. BOX 172455  HIALEAH FL 33017
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country
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<b>4. FEI Number</b> <b>65-1068341</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  MITCHELL FLORENTINO 3364 TIMBERWOOD CIR.  NAPLES FL 34105 US	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	<b>09/05/2001</b> DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																
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**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.**

<b>SIGNATURE:</b> MARK A. MOLINA	<b>P</b>	<b>09/05/2001</b>
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CR2E037 (11/00)