

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000017

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: HIGHER POWER CHRISTIAN MINISTRIES, KARATE TEAM, INC.

Current Principal Place of Business:

P. O. BOX 172455
HIALEAH, FL 33017

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 172455
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 65-1068341 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MITCHELL, FLORENTINO
3364 TIMBERWOOD CIR.
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLINA, MARK A
Address: 5576 NW 194TH LANE
City-St-Zip: CAROL CITY, FL 33055

Title: V () Delete
Name: MITCHELL, FLORENTINO
Address: 3364 TIMBERWOOD CIR.
City-St-Zip: NAPLES, FL 34105

Title: ST () Delete
Name: MOLINA, LINDA
Address: 5576 NW 194TH LANE
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: BETTS, RICHARD
Address: 581 LITTLE RIVER LOOP
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BACKERS, TYRONE
Address: 2220 NW 189TH TERR.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: MANN, ROGER
Address: 325 SW 191TH AVE.
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARK MOLINA

P

05/06/2002

Electronic Signature of Signing Officer or Director

_____ Date