

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000717

1. Entity Name

FAITH INTERNATIONAL FOR CHRIST, INC.

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90328 009 ****75.00

Principal Place of Business

7761 S.W. 29TH AVENUE
MIAMI FL 33155

Mailing Address

7761 S.W. 29TH AVENUE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651080095

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUAN, ERIK
7761 S.W. 29TH STREET
MIAMI FL 33155

Name

N/A

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

City

FL

Zip Code

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.

* NOTE: ~~change~~ SAME Registered Agent
no new Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

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 JUAN, ERIK
STREET ADDRESS 7761 SW 29TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS } SAME
CITY-ST-ZIP }

TITLE D ☐ Delete
NAME TABLADA, SAMUEL
STREET ADDRESS 8785 SW 52ND STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☒ Addition
NAME Vice - President
STREET ADDRESS } SAME
CITY-ST-ZIP }

TITLE D ☐ Delete
NAME MIRANDA, JOSE R
STREET ADDRESS 15344 SW 63RD TERRACE
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS }
CITY-ST-ZIP }

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02 (305) 262-0769

CR2E037 (9/01)