NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90044 039 ****61.25

DOCUMENT # N01000001595

1. Entity Name
ABANDONED & ORPHANED CHILDREN MISSION CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1421 NW 13 CT	1421 NW 13 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FTLAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-108 2939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA PA

Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVE

City: CORAL GABLES FL Zip Code: 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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

TITLE: PD NAME: JASMIN, NUCKLASS STREET ADDRESS: 1421 NW 13 CT CITY-ST-ZIP: FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VD NAME: JASMIN, KENZOT STREET ADDRESS: 1421 NW 13 CT CITY-ST-ZIP: FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: S NAME: MCPHEE, JETTA STREET ADDRESS: 1421 NW 13 CT CITY-ST-ZIP: FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: MAXCENA, DOLY STREET ADDRESS: 1421 NW 13 CT CITY-ST-ZIP: FT LAUDERDALE FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nucklass Jasmin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #