

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90706 012 ****70.00

DOCUMENT # N01000002556

1. Entity Name

JESUS FRIEND'S INTERNATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**10440 NW 8TH ST
 PEMBROKE PINES FL 33026**

**10440 NW 8TH ST
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

10440 N.W. 8TH ST.

10440 N.W. 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

Pembroke Pines, FL.

Pembroke Pines, FL.

33026

U.S.A.

33026

U.S.A.

4. FEI Number

65-1118217

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

**SANCHEZ, CARLOS
 6336 NW 188 LANE
 MIAMI FL 33015**

Name

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.

SIGNATURE

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

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 NAME STREET ADDRESS CITY-ST-ZIP | D CESTERO, JULIO I 10440 NW 8TH ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CESTERO, AURA M 10440 NW 8TH ST PEMBROKE PINES FL 33026 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLANCHARD, SMITH 2710 SUMMERSET DR LAUDERDALE LAKES FL 33111 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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)(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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-13-02

954-433-9021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)