

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91779 039 ****61.25

DOCUMENT # N01000003145

1. Entity Name

MAD 4 CHRIST, INC.

Principal Place of Business

Mailing Address

**13830 SW 284 ST
HOMESTEAD FL 33033**

**13830 SW 284 ST
HOMESTEAD FL 33033**

2. Principal Place of Business

3. Mailing Address

MAD 4 Christ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 901086

City & State

City & State

Homestead, FL

4. FEI Number

31-1781296

Applied For

Not Applicable

Zip

Country

Zip

Country

33090

USA

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

**RICE, JEFFREY
13830 SW 284 ST
HOMESTEAD FL 33033**

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 of individual 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
**Angel Rodriguez (S)(D) ☒ Delete
1376 Osprey CT
Homestead, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Robert Navar Sr ☐ Change ☒ Addition
9350 Marine Dr.
Miami, FL 33189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jeffrey Rice (P)(D) ☒ Delete
13830 SW 284 ST
Homestead, FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/S Mercy Rice ☐ Change ☒ Addition
13830 SW 284 ST
Homestead, FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**W. Douglas Myers (T)(D) ☐ Delete
13306 SW 284 ST #B
Homestead, FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P Jeffrey Rice ☒ Change ☐ Addition
13830 SW 284 ST
Homestead, FL 33033**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

JEFFREY RICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/01

305-979-9289

CR2E037 (9/01)