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

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90151 049 ****61.50

DOCUMENT # N0100000 7095

1. Entity Name
HEART INTERNATIONAL MINISTRIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3236 2ND PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH FL	City & State
Zip: 32968 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0586002 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NUNEZ, ALEJANDRO ESQ

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

250 GIRALDA AVENUE

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: _____ ALEJANDRO NUNEZ 4-25-02
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	CHINNADURAI, RAJAN
STREET ADDRESS	3236 2ND PLACE
CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	STD
NAME	CHINNADURAI, REBECCA
STREET ADDRESS	3236 2ND PLACE
CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	D
NAME	WARNER, LOWELL
STREET ADDRESS	9700 SOUTHERN PINES BLVD
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	D
NAME	EPPLEE, HERB
STREET ADDRESS	210 THORN HILL DR.
CITY-ST-ZIP	SPARTANBURG SC 29301
TITLE	
NAME	
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CITY-ST-ZIP	

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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. RAJAN CHINNADURAI

SIGNATURE: _____ PRESIDENT 4-25-02 305-774-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #