## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N01000007107

1. Entity Name



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90116 039 \*\*\*\*70.00

OI. VIIIIE	'S AFRICAN ORTHODOX CF	iunch, inc.						
Principal Place of Business 2485 NW 65TH ST. MIAMI FL 33147		Mailing Address 2485 NW 65TH ST. MAMI FL 33147	,			<u>~</u>		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 36	4484126	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Stat	us Desired 🔼	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		·	7. Name and Addre	ess of New Registered	d Agent	
- 0400 14			Name					İ
BARR; JAMES 2485 NW 65TH ST.			Street Address		(P.O. Box Number is Not Acceptable)			
MIAMI FL	. 33147							
			City	,		F	L Zip Code	9
	named entity submits this statement f	or the purpose of changing its i	registered office or r	egistere	ed agent, or both, in th	e State of Florida. I an	n familiar with,	and accept
the obligati	tions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	: Registered Agent signature	e 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 Florida Department of State			
10.	OFFICERS AND D	RECTORS	11.		DDITIONS (OLIMNOTS	S TO OFFICERS AND D	DIRECTORS IN	10
TITLE	111				IDDITIONS/CHANGES			Addition
NAME	D RAPR JAMES	☐ Delete	TITLE	^	IDDITIONS/CHANGES		Change	L Addition
NAME STREET ADDRESS	BARR, JAMES 2485 NW 65TH ST.		TITLE NAME STREET ADDRESS	^	IDDI HONS/CHANGES		Change	[_] Addition
	BARR, JAMES 2485 NW 65TH ST. MIAMI FL 33147		NAME				☐ Change	C Addison
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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 like empowered.

SIGNATURE:

3-10-03 305 698-8137