

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90021 007 \*\*\*\*61.25

**DOCUMENT # N02000000002**

1. Entity Name

**SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.**

Principal Place of Business

Mailing Address

2890 NW 160 ST  
 MIAMI FL 33054

2890 NW 160 ST  
 MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0007733

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, REINERIO**  
 2890 NW 160 ST  
 MIAMI FL 33054

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

*Reinerio Lopez*

3/4/02

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	DP	<input type="checkbox"/> Delete
NAME	LOPEZ, REINERIO	
STREET ADDRESS	2890 NW 160 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VALENTINE, LINDA	
STREET ADDRESS	8220 SW 65TH AVE APT D5	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TURNER, ARENA	
STREET ADDRESS	723 NW 73 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, BRIGINA	
STREET ADDRESS	2890 NW 160 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOCKHART, MAULEEN	
STREET ADDRESS	650 NE 81 ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOWE, MICHELLE	
STREET ADDRESS	7794 MIRAMAR PKWY	
CITY-ST-ZIP	MIRAMAR FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature Reinerio Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)