

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90181 013 \*\*\*\*61.25

**DOCUMENT # N02000000002**

1. Entity Name  
**SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.**



Principal Place of Business

**2890 NW 160 ST  
MIAMI FL 33054**

Mailing Address

**2890 NW 160 ST  
MIAMI FL 33054**

2. Principal Place of Business

**2890 N.W. 160 S.T**

3. Mailing Address

Suite, Apt. #, etc.

**HOUSE**

City & State

**MIAMI FL**

Zip

**33054**

Country

Zip

Country

4. FEI Number **26-0007733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Reinerio Lopez**

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

**2890 N.W. 160 S.T**

**MIAMI**

City

**MIAMI**

**FL**

Zip Code

**33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Reinerio Lopez**

**3/29/03**

**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 DIRECTORS

TITLE **DP** ☐ Delete  
NAME **LOPEZ, REINERIO**  
STREET ADDRESS **2890 NW 160 ST**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **DV** ☐ Delete  
NAME **VALENTINE, LINDA**  
STREET ADDRESS **8220 SW 65TH AVE APT D5**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DS** ☐ Delete  
NAME **TURNER, ARENA**  
STREET ADDRESS **723 NW 73 ST**  
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **DT** ☐ Delete  
NAME **LOPEZ, BRIGINA**  
STREET ADDRESS **2890 NW 160 ST**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **DT** ☐ Delete  
NAME **LOCKHART, MAULEEN**  
STREET ADDRESS **650 NE 61 ST**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DS** ☐ Delete  
NAME **BOWE, MICHELLE**  
STREET ADDRESS **7794 MIRAMAR PKWY**  
CITY-ST-ZIP **MIRAMAR FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 REQUIRED**

**3/29/03 (305) 628 3579**

CR2E037 (10/02)