## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000000361

Entity Name: CHRISTIAN FORCES MARTIAL ARTS MINISTRIES, INC.

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2206 E. ROBLE DRIVE 440 N HYER AVENUE KISSIMMEE, FL 34746 ORLANDO, FL 32803 US **Current Mailing Address: New Mailing Address:** 2206 E. ROBLE DRIVE 440 N HYER AVENUE KISSIMMEE, FL 34746 ORLANDO, FL 32803 US FEI Number: 01-0589187 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, MARTHA Y MARTINEZ, MARTHA Y 2206 E. ROBLE DRIVE 440 N. HYER AVENUE KISSIMMEE, FL 34746 US ORLANDO, FL 32803 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: MARTHA Y MARTINEZ 04/29/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MARTINEZ, MARTHA Y MARTINEZ, MARTHA Y Name: Name: Address: 2206 E ROBLE DRIVE Address: 440 N. HYER AVENUE City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: ORLANDO, FL 32803 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MOREJON, JOSE R Address: Address: 440 N HYER AVENUE City-St-Zip: City-St-Zip: ORLANDO, FL 32803 US Title: () Delete Title: ( ) Change (X) Addition RODRIGUEZ, MARLENE Name: Name: 440 N HYER AVENUE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA Y MARTINEZ P 04/29/2003