

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90119 029 \*\*\*\*70.00

**DOCUMENT # N02000002996**

1. Entity Name

**HUBERT LEOW MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

**6334 PINESTEAD DR #816  
LAKE WORTH FL 33463**

Mailing Address

**6334 PINESTEAD DR #816  
LAKE WORTH FL 33463**

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

**03-0448734**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GILL, A-WAYNE ESQUIRE  
GILL & ASSOCIATES  
1499 W PALMETTO PARK RD, STE 312  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **REV. HUBERT A. LEOW**  
Street Address (P.O. Box Number is Not Acceptable)  
**6334 PINESTEAD DRIVE #816**  
**LAKE WORTH,**  
City **FLORIDA** FL Zip Code **33463**

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

*Hubert A. Leow - President*

**APRIL 29, 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **LEOW, HUBERT A**  
STREET ADDRESS **6334 PINESTEAD DR #816**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **T** ☐ Delete  
NAME **LEOW, EVELYN**  
STREET ADDRESS **6334 PINESTEAD DR #816**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VD** ☒ Delete  
NAME **GILL, A. WAYNE**  
STREET ADDRESS **1499 W PALMETTO PARK RD #312**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **D.S.** ☒ Change ☐ Addition  
NAME **EXECUTIVE BOARD MEMBER 5**  
STREET ADDRESS **CYNTHIA JOHNSON**  
CITY-ST-ZIP **212 "D" FOXTAIL DRIVE**  
**WEST PALM BEACH, FLORIDA 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Hubert A. Leow - President*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**APRIL 29, 2003**

Date

**(561) 868-5817**

Daytime Phone #

CR2E037 (10/02)