

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90309 040 ****61.25

0102567

DOCUMENT # N02000005211

1. Entity Name

KINGDOM RESTORATION MINISTRIES, INC.



Principal Place of Business

**5300 NORTHWEST 24TH TERRACE
SUITE #234C
FORT LAUDERDALE FL 33308**

Mailing Address

**5300 NORTHWEST 24TH TERRACE
SUITE #234C
FORT LAUDERDALE FL 33308**

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

E-1-# 13-4203251

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Dr. Elena POTRA**

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

5300 N.E. 24th Ter. # 234C

City **FT. Lauderdale**

FL

Zip Code **33308**

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 **Dr. ELENA POTRA**

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

**President
Dr. Elena Potra**

(NOTE: Registered Agent signature required when reinstating)

04-28-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	POTRA, ELENA PH.D.	
STREET ADDRESS	5300 NORTHWEST 24TH TERRACE #234C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYNESIO, LYRA	
STREET ADDRESS	5300 NORTHWEST 24TH TERRACE #234C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	IORGONI, ADRIAN E	
STREET ADDRESS	5300 NORTHWEST 24TH TERRACE #234C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Dr. Elena Potra**

04-28-03

CR2E037 (10/02)