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

Secretary of State DOCUMENT # N0200005658 01-21-2003 90544 026 ****70.00 CHRISTIAN IMMIGRATION HELP NEWS, INC. Principal Place of Business Mailing Address 2410 NE 19TTH ST 2410 NE 19TTH ST **AVENTURA FL 33180** AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address 242125 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State UENTURS Not Applicable Country \$8.75 Additional UIA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nostanion 122 FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR **CLEARWATER FL 33761** 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 agen SIGNATURE Signature, typed or p (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 viz (PHD) Change TITLE CR2E037 (10/02 TITLE □ Delete OSCAR A RUIZ, OSCAR NAME NAME 20425 NE 10 CT AVENTURO, FL. 33179 STREET ADDRESS 2410 NE 19TTH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** OLEGACIO MACIN (PASTOL) Delete TITLE TITLE LOPEZ, GUILLERMO NAME NAME 20425 NE 19 CT STREET ADDRESS 1832 NE 164TH ST. N. STREET ADDRESS 1550 CA, FL. 33179 CITY-ST-ZIP MIAMI BEACH FL 33162 CITY-ST-ZIP > TITLE Delete TITLE PEGUL COETEZ (PASTOL) PARRA, WILLIAM NAME NAME STREET ADDRESS 1411 MARKLAND BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MAYER FL 33916 Addition TITI E ☐ Delete TITLE canul cuanta (isa) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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:

FILED

Jan 21, 2003 8:00 am