

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 047 ****61.25

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 15517 ✓
1. Entity Name
 Love + Grace Fellowship of Homestead Fl. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 155 NE 15 St
 Suite, Apt. #, etc.
3. Mailing Address 155 NE 15 St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Homestead Fl. 33030
Zip 33030
Country USA

4. FEI Number 1650435150
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) **DATE** _____

FEE IS \$51.25 Initial or Amended UBR **9. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose D. Ramirez 26467 SW 126 Ave. Homestead Fl. 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Cisco 168305 W 301 St Homestead, Fl. 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra J. Ramirez 14525 SW 288 St. Homestead Fl. 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **02/03/02** **Date** _____ **Daytime Phone** _____