

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28916

FILED
May 03, 2002 8:00 AM
Secretary of State

Entity Name: CHRISTIAN LIFE MISSION, INC.

Current Principal Place of Business:

14105 S.W. 184 ST
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

14105 S.W. 184 ST
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 65-0078303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAST, LOUIS F
8405 NW 55 STREET
SUITE C-100
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOZANO, LUIS A.,
Address: 1811 SW 99 CT
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: LOZANO, CARMEN,
Address: 1811 SW 99 CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CUELLAR, ENRIQUE
Address: 13235 D- SW 84 ST
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: MALDONADO, RICHARD
Address: 18405 S.W. 88TH CT.
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: BARLOCK, DAVID
Address: 5843 N.W. 197 TERRACE
City-St-Zip: MIAMI, FL 33105

Title: D () Delete
Name: BERNARDONI, DANIA
Address: 2183 SW 173 AVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOZANO, LUIS A.,
Address: 17850 SW 149 AVE
City-St-Zip: MIAMI, FL 33187 US

Title: SD (X) Change () Addition
Name: LOZANO, CARMEN,
Address: 17850 SW 184 ST
City-St-Zip: MIAMI, FL 33187 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DORA LUZ CUELLAR

Electronic Signature of Signing Officer or Director

D

05/03/2002

Date

DORA LUZ CUELLAR
14105 SW 184 ST
MIAMI
FL 33177