

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30556

1. Entity Name

LION OF JUDAH MIRAMAR CHRISTIAN LIFE CENTER, INC

Principal Place of Business

Mailing Address

1038 NW 215TH STREET  
MIAMI FL 33179  
US

P.O. BOX 69-3000  
MIAMI FL 33169  
US

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

65-0101354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARBIN, EVAN R. ESQUIRE  
626 N.E. 125TH ST.  
NORTH MIAMI FL 33161

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

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WALLS, W.J.  
STREET ADDRESS 4415 SW 153RD AVENUE  
CITY-ST-ZIP MIRAMAR FL

☐ Delete

☐ Change ☐ Addition

TITLE SD  
NAME WALLS, IZELLA  
STREET ADDRESS 4415 SW 153RD AVENUE  
CITY-ST-ZIP MIRAMAR FL

☐ Delete

☐ Change ☐ Addition

TITLE TD  
NAME MITIAL, LYNZ  
STREET ADDRESS 7521 ROMANA ST  
CITY-ST-ZIP MIRAMAR FL 33023

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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:

*LYNZN MITIAL*

*Jan 6, 02*

*954-966-3431*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0074008

CR2E037 (9/01)

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90058 016 \*\*\*\*61.25

80002335



DO NOT WRITE IN THIS SPACE