FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am **DOCUMENT # N33169 Secretary of State** 1. Entity Name THE CHRISTIAN MIRACLE FOUNDATION INC. 07-12-2001 90113 002 ****70.00 Principal Place of Business Mailing Address 14880 SW 158 ST 14880 SW 158 ST MIAMI FL 33187 MIAMI FL 33187 A0076891 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ~ -4. FEI Number Applied For 65-0136880 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CIFUENTES, MARIA 15328 SW 144 TERR. **MIAMI FL 33196** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. [©]After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. (5/01) TITLE Delete TITLE Change HERNANDEZ GLORIA DE LA CRUZ, ERIC NAME 14880 SW 158 ST STREET ADDRESS 4321 S.W. 148TH AVE. CT. STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP MIAM! FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete CIFUENTES MARIA CIFUENTES, MARIA-NAME NAME 14880 SW 158 ST STREET ADDRESS 15328 SW 144 TERR STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition CIFUENTES AURELIO CIFUENTES, AURELIO NAME NAME 14880 SW 158 ST 15328 SW 144 TERR. STREET ADDRESS STREET ADDRESS MIAMI, FL 33187 **MIAMI FL 33196** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE: MARIA CIFUENTES 7/8/01 (305) 235-6462