

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2000 8:00 am**
Secretary of State

09-07-2000 90005 005 ****61.25

DOCUMENT # N49350

1. Entity Name

AGAPE LOVE, INC.

Principal Place of Business

**3764 NW 2 ST
FT LAUDERDALE FL 33311**

Mailing Address

**4200 N.W. 3 COURT
SUITE 120
PLANTATION FL 33317**

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

65-0326136

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, FRANK D.
3764 NW 2 ST
FT LAUDERDALE FL 33311**

7. Name and Address of New 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

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**After September 13, 2000 min. will be \$236.25**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CAMPBELL, EDDYE M 3861 NW 5 ST FT LAUDERDALE FL	<input type="checkbox"/>		<input type="checkbox"/>
D MATTHEWS, BARBARA 611 LONG ISLAND AVE FORT LAUDERDALE FL	<input type="checkbox"/>		<input type="checkbox"/>
D HALL, RONALD 468 E. MELROSE CIR. FT. LAUDERDALE FL 33312	<input type="checkbox"/>		<input type="checkbox"/>
D MATTHEWS, FRANK 3846 WEST BROWARD BLVD. PLANTATION FL 33312	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

(954) 587-0121

Daytime Phone #

CR2E037 (5/00)