

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91234 047 ****70.00

DOCUMENT # N92000000474

1. Entity Name

CHRISTIAN LIFE RESTORATION CENTER, INC.

Principal Place of Business

Mailing Address

4501 N STATE RD 7
 LAUDERDALE LAKES FL 33319
 US

4501 N STATE RD 7
 LAUDERDALE LAKES FL 33319
 US

658104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0372032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FABRE, GEORGE
4072 INVERRARY DR.
LAUDERHILL FL 33319

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)

[Signature]
 1/8/2001
 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	<input type="checkbox"/> Delete
NAME	FABRE, GEORGE	
STREET ADDRESS	4072 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FABRE, YOLETTE	
STREET ADDRESS	4072 INVERRARY DR.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TELLUS, VERNANTE	
STREET ADDRESS	4501 N. SR 7	
CITY-ST-ZIP	LAUD. LAKES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EXEMAR, WILLY J.	
STREET ADDRESS	4501 N. SR 7	
CITY-ST-ZIP	LAUD. LAKES FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SAINT PIERRE, MAUDELINE	
STREET ADDRESS	4501 N. STATE RD. 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1/8/2001 (954) 735-8051

CR2E037 (10/00)