

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90046 003 ****70.00

DOCUMENT # N92000000474

1. Entity Name
CHRISTIAN LIFE RESTORATION CENTER, INC.

Principal Place of Business
4501 N STATE RD 7
LAUDERDALE LAKES FL 33319
US

Mailing Address
4501 N STATE RD 7
LAUDERDALE LAKES FL 33319
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7573 N. OAKland Park Blvd

3. Mailing Address
5557 West OAKland La. K Blvd

Suite, Apt. #, etc.
Lauderhill Fl.

Suite, Apt. #, etc.
250

City & State
Lauderhill Fl.

City & State
Lauderhill, Fl.

4. FEI Number **65-0372032** Applied For
 Not Applicable

Zip **33319**

Country **U.S.A**

Zip **33313**

Country **U.S.A**

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

6. Name and Address of Current Registered Agent
FABRE, GEORGE
4072 INVERRARY DR.
LAUDERHILL FL 33319

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

(NOTE: Registered Agent signature required when reinstating)
 DATE **1/17/2002**

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED** 1/17/2002 (954) 735-8051

CR2E037 (9/01)