2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N 9300003386 Jun 09, 2000 8:00 am Miamibs River of Life, Inc. **Secretary of State** 06-09-2000 90041 023 ****70.00 Principal Place of Business Mailing Address 7900 N.E. 2nd Avenue Suite #504 Miami, FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0427110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>George E. Ellis, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) 13520 N.W. 17th Avenue Opa-Gocka, FL 33054. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Channe P & CEO TITLE TITLE ☐ Delete George E. Ellis, Jr. NAME NAME STREET ADDRESS 13520 NW 17th Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Opa-Locka, Florida 33054 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME Pastor Cecil Lamb STREET ADDRESS STREET ADDRESS 9331 SW 7th Street CITY-ST-ZIP CITY-ST-2IP <u>Pembroke Pines, Florida 33024</u> ☐ Change Addition TITLE TITLE NAME NAME <u> Dr. William Campbell, MD</u> STREET ADDRESS STREET ADDRESS 18221 NW 16th CITY-ST-ZIP CITY-ST-ZIP <u>Pembroke Pines, Florida 33029</u> ☐ Change Addition TITLE Delete TITLE NAME NAME Jessie B. Houston II STREET ADDRESS STREET ADDRESS 2211 NW 191st Terrence CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33056 ☐ Change Addition TITLE TITLE NAME NAME Howard Carter STREET ADDRESS STREET ADDRESS 9320 SW 6th Court CITY-ST-ZIP CITY-ST-ZIP <u>Pembroke Pines. Florida 33025</u> ☐ Change Addition TITLE 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

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.

ELLIS,

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR