

**2002 UNIFORM BUSINESS REPORT (UBR)**

FILED

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02 OCT 24 PM 1:01

1. Entity Name

THE MINISTRY OF RECONCILIATION INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 900 W 49 ST SUITE 506 MALEAH FL 33012 US	Mailing Address 900 W 49 ST SUITE 506 MALEAH FL 33012 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0458787</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

WILSON, LEONI 3180 NW 98 ST MIAMI FL 33147				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Leoni Wilson N/A DATE: N/A 9/12/2002

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, LEONI 3180 NW 98 ST MIAMI FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONI WILSON 3180 NW 98 ST MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSARIO, JOSE R 1325 N.E. 152ND STREET NORTH MIAMI BEACH FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THAYS MORGAN 3180 NW 98 ST MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSARIO, MARIA 1325 N.E. 152ND STREET NORTH MIAMI BEACH FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARITA PEREZ T 514 East 17 St Maleah FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Leoni Wilson DATE: 9/12/2002

CR2E037 (4/02)

9/10/25/02