

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90133 010 \*\*\*\*61.25

**DOCUMENT # N94000000265**

1. Entity Name

**AMBASSADORS FOR CHRIST (LIFE MINISTRIES) INCORPORATED**

Principal Place of Business

2140 NW 107TH ST  
 MIAMI FL 33167  
 US

Mailing Address

2140 NW 107TH ST  
 MIAMI FL 33167  
 US

2. Principal Place of Business

2140 N.W. 107TH ST  
 Suite, Apt. #, etc.

3. Mailing Address

2140 N.W. 107TH ST  
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0469698

Applied For

Not Applicable

Zip

33167

Country

US

Zip

33167

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HUDSON, RHUBEN  
 1855 NORTHWEST 157TH STREET  
 MIAMI FL 33054

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**

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 ☐ Delete  
 NAME D  
 STREET ADDRESS HUDSON, RHUBEN  
 CITY-ST-ZIP 1855 NW 157TH ST  
 MIAMI FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS WATKINS, JOHNNIE MAE  
 CITY-ST-ZIP 2140 NW 107TH ST  
 MIAMI FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TUCKER, ELIZABETH  
 CITY-ST-ZIP 2860 NW 185TH ST  
 MIAMI FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Rhuben Hudson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-2002 (305) 624-0539

CR2E037 (9/01)