

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002894

1. Entity Name

SELF AND WORLD RECOVERY MISSION, INC.

Principal Place of Business

4420 S.W. 88TH AVENUE
MIAMI FL 33165

Mailing Address

PO BOX 651099
MIAMI FL 33265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VIAN, JANIRAH
4420 S.W. 88TH AVENUE
MIAMI FL 33165

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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VIAN, JANIRAH
4420 S.W. 88TH AVENUE
MIAMI FL 33165 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PELLON, ESTHER
2200 SW 97TH AVENUE
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600004081356--4
-04/26/01--01068--022
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RODRIGUEZ, LAURA
400 SQUAWCREEK RD.
LYMPIC VALLEY CA 96146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30-2001 (305) 223-2060

Date

Daytime Phone #

FILED

01 APR 26 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARC



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)