## **2002 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 18, 2002 8:00 am Secretary of State DOCUMENT # **N9600002037** 1. Entity Name DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR 04-18-2002 90413 027 \*\*\*\*61.25 , INC. Principal Place of Business Mailing Address 400 NW LE JEVNE RD P.O. BOX 460853 FT LAUDERDALE FL 33346-0853 MIAMI FL 33126 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0658001 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ROWAM 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) NINA, REVERAND J F 2801 PINE ISLAND ROAD NORTH #301 City SUNRISE FL 33322 Zip Code FL The above named entity submits this statement for the purpose of changing its registered office or

| G. THE ADOVE  | 4. The above named entity submits this statement for the purpose or changing its registered office or registered agent, or both, in the state or Florida. |          |                |                             |   |            |  |
|---|---|----------|----------------|-----------------------------|---|------------|--|
|   | <b>?</b> /  |          |                |                             |   |            |  |
| 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  |   |          |                |                             |   |            |  |
| rust Fund Con   |   |          |                | ☐ Added to Fees             | Department of State                     |            |  |
|   |   | · ·      |                |                             |   |            |  |
| 10.   | OFFICERS AND DIRECTORS  |          | 11.            | ADDITIONS/CHANGE            | ES TO OFFICERS AND DIRECTORS IN         | 10         |  |
| TITLE   | DP  | ☐ Delete | TITLE          |                             | ☐ Change                                | ☐ Addition |  |
| NAME  | NINA, JOSE F  | ·        | NAME           |                             |   |            |  |
|   | 2801 PINE ISLAND ROAD NORTH # 301   |          | STREET ADORESS |                             |   |            |  |
| CITY-ST-ZIP   | SUNRISE FL 33322-2353   |          | CITY-ST-ZIP    |                             |   |            |  |
| TITLE   | DV  | Delete   | TITLE          | DNA                         | ☐ Change                                | Addition   |  |
| NAME  | NINA, NOEMI E   | •        | NAME           | NINA, MERCE                 | 1000 A 1120                             |            |  |
|   | 9682 FOUNTAINBLEAU BLVD #309  | -        | STREET ADDRESS | 2801 PINE JULA              | NO RC - N # 501                         |            |  |
| CITY-ST-ZIP   | MIAMI FL 33175  |          | CITY-ST-ZIP    | SUNNISE, FL                 | 1066 A<br>NO RO - N # 30/<br>77722-2752 |            |  |
| TITLE   | D   | □ Delete | TITLE          | ·                           | ☐ Change                                | ☐ Addition |  |
| NAME  | Melendez, may l   |          | NAME           |                             |   | ł          |  |
| STREET ADDRESS  | 123 SW 17TH AVE   |          | STREET ADDRESS |                             |   | Ì          |  |
| CITY-ST-ZIP   | MIAMI FL 33135  |          | CITY-ST-ZIP    |                             |   | ſ          |  |
| TITLE   | D   | ☐ Delete | TITLE          |                             | ☐ Change                                | ☐ Addition |  |
|   | DAILEY, MARY L  |          | NAME           |                             |   |            |  |
|   | 7781 SHERIDAN ST  |          | STREET ADDRESS |                             |   |            |  |
| CITY-ST-ZIP   | HOLLYWOOD FL 33024-2533   |          | CITY-ST-ZIP    |                             |   |            |  |
| TITLE   | D :   | Delete   | TITLE          |                             | ☐ Change.                               | ☐ Addition |  |
|   | MORA, SIXTO   | <u> </u> | NAME           |                             |   |            |  |
|   | 3021 SW 37TH TER.   |          | STREET ADDRESS | 2.3                         |   |            |  |
| CITY-ST-ZIP   | HOLLYWOOD FL 33023  |          | CITY-ST-ZIP    |                             |   |            |  |
| TITLE   | D   | Delete   | TITLE          | 15.                         | ☐ Change                                | Addition   |  |
|   | TACHEL, ROSAURA   | ~        | NAME           | WILSON, BEST                | y                                       |            |  |
|   | 9682 FONTAINBLEAU BLVD #309   |          | STREET ADDRESS | 840 N 70th 1                | live                                    | {          |  |
|   | MIAMI FL 33075  |          | CITY-ST-ZIP    | 840 N 70th 1<br>40 N 70th 1 | TO MAY                                  |            |  |
| 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 |   |          |                |                             |   |            |  |

12. 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 of trustee errowwered 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 AND TYPED OR PRINTED N

TED NAME OF SIGNING Q

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4/07/202 (9)

741-5451 Oaytime Phone #