

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002433

1. Entity Name

CHRISTIAN LIFE FELLOWSHIP OF MIAMI/ CLF INC. ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90040 031 ****70.00

Principal Place of Business

12295 SW 129 CT
MIAMI FL 33186
US

Mailing Address

1533B S LIBERTY AVE
HOMESTEAD FL 33034
US

2. Principal Place of Business

10875 Quail Roost

3. Mailing Address

1720 S Goldeneye lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

Homestead FL

Zip

33150

Country

met Dade

Zip

33035

Country

metro Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0671692

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIOS, AL PASTOR
1533 B S LIBERTY AVE
HOMESTEAD FL 33034

7. Name and Address of New Registered Agent

Name

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

1720 South Goldeneye lane

City

Homestead

FL

Zip Code

33035

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

TITLE PDP ☐ Delete
NAME RIOS, AL
STREET ADDRESS 1533B S LIBERTY AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE DS ☐ Delete
NAME RIOS, ESTHER
STREET ADDRESS 1533B S LIBERTY AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ Delete
NAME EARWOOD, DAVID
STREET ADDRESS 254 BELL MARSH RD
CITY-ST-ZIP YORK ME

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 1720 South Goldeneye lane
CITY-ST-ZIP Homestead FL 33035

TITLE ☒ Change ☐ Addition
NAME RIOS, ESTHER
STREET ADDRESS 1720 South Goldeneye lane
CITY-ST-ZIP Homestead FL 33035

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
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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED Esther Rios

7/24/00 305245-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)