

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002433

1. Entity Name

CHRISTIAN LIFE FELLOWSHIP OF MIAMI/ CLF INC.

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90004 016 ****70.00

Principal Place of Business

12295 SW 129 CT
 MIAMI FL 33186
 US

Mailing Address

1720 SOUTH GOLDENEYE LANE
 HOMESTEAD FL 33035
 US

2. Principal Place of Business

10711 S.W. 216 Street
 Suite, Apt. #, etc.
 112

3. Mailing Address

P.O. Box 343494
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Florida City FL

Zip

33170

Country

Zip

33034

Country

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

Home stead

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 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 NAME STREET ADDRESS CITY-ST-ZIP	PDP RIOS, AL 1720 S GOLDENEYE LANE HOMESTEAD FL 33035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIOS, ESTHER 1720 S GOLDENEYE LANE HOMESTEAD FL 33035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARWOOD, DAVID 254 BELL MARSH RD YORK ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E037 (4/02)