

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90503 029 ****70.00

DOCUMENT # N96000005115

1. Entity Name

LOVE MISSION OUTREACH INTERNATIONAL, INC.

Principal Place of Business

**2087 W 76TH STREET
 UNIT 7
 HIALEAH FL 33016
 US**

Mailing Address

**17907 NW 78 PL
 HIALEAH FL 33015
 US**

A0071817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1474915

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VELEZ, ANN CAROLYN
 17907 NW 78TH PLACE
 HIALEAH FL 33015**

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

Ann C. Velez
 Ann C. Velez

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **VELEZ, SAMUEL**
 STREET ADDRESS **17907 NW 78 PL**
 CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **D** ☐ Delete
 NAME **VELEZ, ANN CAROLYN**
 STREET ADDRESS **17907 NW 78 PL**
 CITY-ST-ZIP **HIALEAH FL 33015**

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

TITLE **D** ☐ Delete
 NAME **VELEZ SUAREZ, AURA A**
 STREET ADDRESS **535 NW 123RD ST**
 CITY-ST-ZIP **HIALEAH FL 33123**

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

TITLE **D** ☐ Delete
 NAME **RIVERA, CLAUDIA**
 STREET ADDRESS **535 N.W. 123RD STREET**
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **D** ☐ Delete
 NAME **GARCIA, SR HUMBERTO**
 STREET ADDRESS **390 W 54TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **DT** ☐ Delete
 NAME **RIVERA, MELVIN NOEL**
 STREET ADDRESS **8290 NW 171 ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33015**

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:

Ann C. Velez
 ANN C. VELEZ

CR2E037 (10/00)