

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 03, 2000 8:00 am**
Secretary of State

06-03-2000 90142 044 ****75.00

DOCUMENT # N96000005565

1. Entity Name

LIFE MATTERS MISSIONARY OUTREACH MINISTRIES, INC

Principal Place of Business

Mailing Address

**1285 N.W. 129TH STREET
NORTH MIAMI FL 33168****P.O. BOX 380474
MIAMI FL 33238**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14050 W. Dixie Highway**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami, FL

Zip

Country

Zip

Country

33161**USA**

4. FEI Number

65-0742833

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

**JULES, CARINE
1285 N.W. 129TH STREET
N. MIAMI FL 33168**(Name) **CARINE JULES**

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

1285 N.W. 129 St.

City

North Miami**FL**

Zip Code

33168

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

Carine Jules**CARINE JULES****May 1, 2000**

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 **PD** ☐ Delete
NAME **JULES, CARINE**
STREET ADDRESS **1285 N.W. 129TH STREET**
CITY-ST-ZIP **N. MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **DESIR, RONALD**
STREET ADDRESS **1285 N.W. 129TH STREET**
CITY-ST-ZIP **N. MIAMI FL** **(No longer active in corp)**TITLE **VD** ☐ Change ☒ Addition
NAME **Paula Fils-Aime**
STREET ADDRESS **910 N.W. 127 St**
CITY-ST-ZIP **North Miami, Florida 33168**TITLE **TD** ☐ Delete
NAME **PIERRE, GUERDESON**
STREET ADDRESS **1285 N.W. 129TH STREET**
CITY-ST-ZIP **N. MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **PIERRE, CASSANDRA**
STREET ADDRESS **1285 N.W. 129TH STREET**
CITY-ST-ZIP **N. MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Carine Jules
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CARINE JULES****5/1/00**

Date

(305) 891-0859

Daytime Phone #