

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000003704**1. Entity Name
PROTECTION OF THE MOTHER OF GOD, INC.

Principal Place of Business	Mailing Address
12425 SUNSET DRIVE	12425 SUNSET DRIVE
MIAMI FL 33183	MIAMI FL 33183

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	12425 SUNSET DRIVE
City & State	Suite, Apt. #, etc.
MIAMI FL	MIAMI FL

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLONSKY JOSEPH 370 MINORCA AVENUE, SUITE 9 CORAL GABLES FL 33134	Name BLONSKY JOSEPH Street Address (P.O. Box Number is Not Acceptable) 370 MINORCA AVENUE, SUITE 9 City CORAL GABLES FL Zip Code 33134

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 _____ 01/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: REV. JAMES A. GIBAUT VSTD 01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

CR2E037 (11/00)