FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2002 8:00 am Secretary of State DOCUMENT # N9700005162 1. Entity Name **BILL RICE MINISTRIES, INC.** 03-12-2002 90024 004 \*\*\*\*61 25 Principal Place of Business Mailing Address 19730 SW 12TH ST P.O. BOX 821867 PEMBROKE PINES FL 33029 SOUTH FLORIDA FL 33082 Mailing Address 2. Principal Place of Business 9730\_ 967 SWUL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0778730 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Browgra Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICE, BILL 19730 SW 12TH ST PEMBROKE PINES FL 33029 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS DT Tressum Mrs. JOAN MOTALES Delete TITLE □ Change Addition CR2E037 (9/01 TITI F RICE, BILL NAME NAME 19230 Sw.125T 19730 SW 12TH ST STREET ADDRESS STREET ADDRESS Pembroke Pines, Flo. 33029 CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP SmeSecret Change TITLE ☐ Delete MARKS, MITCHELL NAME NAME 701 NW 210 ST, BLDG 3 APT 511 STREET ADDRESS STREET ADDRESS Antana Ha33463 CITY-ST-ZIP N MIAMI FL 33169 CITY-ST-ZIP etor Frank Morales Oire TITLE TITLE □ Change Addition Delete MARKS: VIVIAN= NAME NAME Pembroke Pines, Fla. 33029 701 NW 210 ST, BLDG 3 APT 511 STREET ADDRESS STREET ADDRESS N MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP DC ☐ Delete TITLE ☐ Addition TITLE □ Change JONES, WILLIE NAME NAME STREET ADDRESS 2261 NW 58 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP DC Change ☐ Addition TITLE TITLE HAWKINS, LEE NAME NAME 4650 SW 24 ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP [] Change TITLE TITLE ☐ Addition TERRALONGE, JEFF NAME NAME 1421 SW 88 AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP 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.