2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am § Secretary of State DOCUMENT # N9700005883 1. Entity Name POWER YOUTH EVANGELISM, INC. 05-04-2001 90114 027 ****61.25 Principal Place of Business Mailing Address 1376 OSPREY COURT 1376 OSPREY COURT HOMESTEAD FL 33035-1052 HOMESTEAD FL 33035-1052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0789344 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, ANGEL 1376 OSPREY COURT **HOMESTEAD FL 33035-1052** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE ☐ Delete TITI F ☐ Change ☐ Addition RODRIGUEZ, ANGEL NAME NAME STREET ADDRESS 1376 OSPREY COURT STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33035-1052** CITY-ST-ZIP TITLE Change Addition TITLE _ Delete RODRIGUEZ, GINMARI NAME NAME STREET ADDRESS 1376 OSPREY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33035-1052 TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, ADIS M NAME NAME STREET ADDRESS 2000 SW 139 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Chigal Notingue Plusie & EDANGEL RODGELE SIGNATURE AND TYPED OR PRINTED INME OF SIGNING OFFICER OR DIRECTOR 4/27/01

305-242-1466

Daytime Phone #