

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90011 018 \*\*\*\*61.25

0009638

**DOCUMENT # N97000007114**

1. Entity Name  
**CHRISTIANS COMING OUT, INC.**

*CA*

Principal Place of Business <b>905 S.W. 22ND AVENUE          FT LAUDERDALE FL 33312</b>	Mailing Address <b>P.O. BOX 14252          FT LAUDERDALE FL 33302</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0808308</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPINELLI, COLLEEN  
 4225 N.W. 29TH WAY  
 BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>MONTES, ABIUD</b>	
STREET ADDRESS	<b>905 S.W. 22ND AVE.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>VALIDA, AIDA</b>	
STREET ADDRESS	<b>905 S.W. 22ND AVE.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONTES, ISABEL</b>	
STREET ADDRESS	<b>905 S.W. 22ND AVE.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALIDO, AIDA</b>	
STREET ADDRESS	<b>5050 West Oakland Park Blvd # 112 E</b>	
CITY-ST-ZIP	<b>Lauderdale Lakes, FL 33313</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMEZ, NADIA</b>	
STREET ADDRESS	<b>5061 West Oakland Park Blvd #105 E</b>	
CITY-ST-ZIP	<b>Lauderdale Lakes, FL 33313</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Colleen Spinelli* **REQUIRED** 7-18-01 954-583-7159

CR2E037 (5/01)