

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005978

1. Entity Name

INTERNATIONAL COALITION OF CITIES OF REFUGE, INC.

Principal Place of Business

7090 SW 117 AVE
MIAMI FL 33183

Mailing Address

7090 SW 117 AVE
MIAMI FL 33183

2. Principal Place of Business

Dunklin Mem. Church

Suite, Apt. #, etc.

3342 SW Hosannah Ln.

City & State
Okeechobee FL

Zip
34974

Country
USA

3. Mailing Address

Dunklin Mem. Church

Suite, Apt. #, etc.

3342 SW Hosannah Ln.

City & State
Okeechobee, FL

Zip
34974

Country
USA

6. Name and Address of Current Registered Agent

RUIZ, ANDRES I
8385 SW 165 TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Mike Brown

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

3342 SW Hosannah Lane

City Okeechobee FL Zip Code 34974

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

1/22/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, ANDRES I 8385 SW 165 TERRACE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DONALD 3342 SW HOSANNA LN OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIKE 3342 SW HOSANNA LN OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, HUGH 3342 SW HOSANNA LN OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, EDUARDO 9201 SW 105 ST MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90192 015 ****61.25