

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000028

1. Entity Name

JESUS I LOVE YOU, INC.

Principal Place of Business

901 HARBOR DR.  
KEY BISCAYNE FL 33149

Mailing Address

901 HARBOR DR.  
KEY BISCAYNE FL 33149

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0900121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOWNES, JOSEPH W MIESQ.  
901 HARBOR DR.  
KEY BISCAYNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

T ☐ Delete  
NAME BROWN, ISIAH  
STREET ADDRESS 8090 N.W. 13TH AVE.  
CITY-ST-ZIP MIAMI FL

T ☐ Delete  
NAME BROWN, ALLEGRA B  
STREET ADDRESS 8090 N.W. 13TH AVE.  
CITY-ST-ZIP MIAMI FL

T ☐ Delete  
NAME BROWN, OKEY JR.  
STREET ADDRESS 690 S.W. 31STST AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33132

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90033 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)