~2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001797

CHRISTIAN LEWIS CHILDREN'S CANCER CARE INC.

C/O BARRY G. CRAIG. STEEL HECTOR & DAVIS 200 SOUTH BISCAYNE BLVD.

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

MIAMI FL 33131

Mailing Address

C/O BARRY G. CRAIG. STEEL HECTOR & DAVIS 200 SOUTH BISCAYNE BLVD.

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 029 ****61.25

MIAMI FL 33131

3. Mailing Address

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Suite, Apt. #, etc.		uite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State C					4. FE	4. FEI Number 65-0909569				Applied For Not Applicable		
Zip Country Z		ip Cou		5. Certificate of		ertificate of Sta	Status Desired		8.75 A	.75 Additional Required		
	6 Name and Ad	dress of Current Register	ed Agent			7. Na	ame and Add	ess of New Register	ed Aç	jent		
CRAIG, BARRY G 200 SOUTH BISCAYNE BLVD.					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL :	33131			City FL Zip Code						de		
SIGNATURE .		name of registered agent and title if ap	plicable. (NOTE: I	Registered	Agent signature	e required when rein	istating)	DA	TE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.0 € Added	0 May Be to Fees	Make Check Payable to Department of State				
10.		FFICERS AND DIRECTORS		11.		ADDITIO	ONS/CHANGE	S TO OFFICERS AND	DIRE	CTORS I	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PAUL 1 CORNFORD CL MONTHOUTH, UN		☐ Delete	NAME STREET CITY-S	ADDRESS T-ZIP				[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSS, PETER REET ADDRESS 11, THE HOLLOW CINFIELD, HAYWARTH			TITLE NAME STREET CITY-S						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DAVID 1 FAIRFIRLD CLO CARDUFF, UNITE		□ Delete	TITLE NAME STREET CITY-S	1	HOMAI I	ACO	LOW AHYD FARM				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-zip					☐ Change	☐ Addition	
12. I hereby of indicated of the corporated, changed,	pertify that the information this report or supportion or the receive or on an attachment	tion supplied with this filing plemental report is true and er or trustee empowared to with an address, with all of	does not qualify for the accurate and that my execute this report as for like en powered.	ne exem signatur require	ption stated re shall hav d by Chapt	d in Section 11 re the same leg ter 617, Florida	9.07(3)(i), Flor gal effect as if a Statutes; and	ida Statutes. I further made under oath; tha that my name appea	certify t I am rs in E	that the i an office Block 10 o	nformation or director r Block 11 if	