

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 012 ***158.75

DOCUMENT # *N99000002880*
 1. Entity Name
UNITED HUMANITARIAN FRONTS, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business *P.O. BOX 841304* Suite, Apt. #, etc.
 3. Mailing Address *P.O. BOX 841304* Suite, Apt. #, etc.

City & State *HOLLYWOOD, FL* City & State *HOLLYWOOD, FL*
 Zip *33084-1304* Country *U.S.A* Zip *33084-1304* Country *U.S.A*

4. FEI Number *65-0994151* Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

00063439

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JAMES N. BUSH, ESQ.
8612 STATE RD. 84
DAVIE, FL 33324

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT BABU THOMAS 9325 NW 24TH PLACE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD OF DIRECTOR / TREASURER 1031 N. 66 TERR. SAMUEL THOMAS HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY ULAHANNAN VARGHESE 8851 SW 51 PLACE COOPER CITY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD OF DIRECTOR KURUVILLA MATHEW 1050 BAYSIDE LANE WESTON, FLORIDA, 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD OF DIRECTOR GEORGE, C. K. 5340 QUEENLAKE TERR DAVIE, FLORIDA, 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD OF DIRECTOR JACOB KALAYIL 5364 NW 66TH AVE CORAL SPRING, FLORIDA, 33067

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Thomas* **SAMUEL THOMAS** Date *5/30/2000* Daytime Phone # *954-966-7385*

