## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 03, 2001 08:00 AM N99000003712 DOCUMENT # 1. Entity Name **Secretary of State** KIDS FIRST MISSION MINISTRIES INC. Principal Place of Business Mailing Address PO BOX 1221 2017 NW 14 AVE FORT LAUDERDALE FL FORT LAUDERDALE 33311 33302 2. Principal Place of Business 3. Mailing Address 4969 SW 9 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MARGATE 65-0937440 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33068 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUMER LUCIEN ERNST JONES JEROME. Street Address (P.O. Box Number is Not Acceptable) 1801 DAVIE BLVD FORT LAUDERDALE FL33312 US City Zip Code MARGATE 33068 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. ERNST LUCIEN 05/03/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME JEROMF. NAME JONES STREET ADDRESS STREET ADDRESS 1801 DAVIE BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDÅLE FT. 33312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NZEAKOR NAME STREET ADDRESS STREET ADDRESS 155 N STATE ROAD 7 CITY-ST-ZIP PLANTATION 33317 CITY-ST-ZIP TITLE DST Delete TITLE DS X Change ☐ Addition NAME MARGUERITE R LUCIEN MARGUERITE R NAME LUCIEN STREET ADDRESS STREET ADDRESS 2017 NW 14 AVE 4969 SW 9 ST CITY-ST-ZIP FORT LAUDERDALE 33311 CITY-ST-ZIP FL. MARGATE FT. 33068 TITLE Delete TITLE X Change Addition NAME LCIEN ERNST BRUMER NAME LUCIEN ERNST BRUMER STREET ADDRESS 2017 NW 14 AVE STREET ADDRESS 4969 SW 9 ST CITY-ST-ZIP FORT LAUDERDALE FL. 33311 CITY-ST-ZIP MARGATE FL33068 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

ERNST LUCIEN

DP

05/03/2001

CR2E037 (11/00)

SHERRY RAMDEEM DT 951 S. DIXIE HWY

POMPANO BEACH FL 33060