2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 24, 2002 8:00 am DOCUMENT # N9900007431 Secrétary of State 1. Entity Name 07-24-2002 90141 027 ****61 25 VAN RENSBURG MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 11401 TULLAMORE PLACE 11401 TULLAMORE PLACE TAMPA FL 33617 **TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address 47-742 Hui Kely St #4 PUBOX 5304 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Ц; Kaneohe Applied For Mancohe NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered age (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Addition JANSEVANRENSBURG, V. NICHOLAS NAME Van Rensburg, Michdas STREET ADDRESS 11401 TULLAMORE PLACE STREET ADDRESS 47-742 Hui Kelu St # 4 CITY-ST-ZIP <u>TAMPA FL 33617</u> CITY-ST-ZIP Kaneohe, Hi gcruy TITLE VD. ☐ Delete ☐ Change ☐ Addition NAME HOLLADAY, KEITH NAME STREET ADDRESS 28850 RAINDANCE AVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33543 CITY-ST-ZIP T)T) F ☐ Delete TITLE **Change** ☐ Addition NAME Jansevanrensburg, esther R Van Rensburg, Esther R 47-742 Hur Kelu St #4 NAME STREET ADDRESS 11401 TULLAMORE PLACE STREET ADDRESS CITY-ST-7IP TAMPA FL 33617 CITY-ST-ZIP Kancohe, this 96744 T/T! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATO

(808) 239-9922