2001 UNIFORM BU	SINESS REPO	RT (UBR)	FILED
DOCUMENT # N990			May 21, 2001 8:00 a
Church of the Lih)	of the Nall	ey, INC.	Secretary of State 05-21-2001 90353 005 ****61.50
Principal Place of Business	Mailing Address		
1401 N.W 183Rd SA	reet 1401	NW 18382	State of the state
Miami, (Fl 3316	9 M1am	i, J-1 3316	Innhanan
2. Principal Place of Business 1401 N.W 183 rd St. Suite, Apt. #, etc.	3. Mailing Address Some	re as abou	DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number
Miami JL	City & State		4. FEI Number 2. Applied For Not Applied For N
Zip 33169 Country	Zip Q	Country	5. Certificate of Status Desired
6. Name and Address of Curre	nt Registered Agent	- Name	7. Name and Address of New Registered Agent
Mauva Mci	enzie		ess (P.O. Box Number is Not Acceptable)
6483 S.W	26 th Street		
Miramar, F	L 33023	City	FL Zip Code
 The above named entity submits this statement 	for the purpose of changing its	registered office or regis	istered agent, or both, in the state of Florida
SIGNATURE Signature, typed or printed name of registered age	mt and title if applicable. (NOTE	: Registered Agent signature requ	guired when reinstating) DATE
FILE NOW: FEE IS \$61:25	9. Election Campaign Trust Fund Contribu	ition	5.00 May Be dded to Fees Make Check Rayable to a Support Make
ITLE D OFFICERS AND E	DIRECTORS .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
OWEN Mckenzie STREET ACORESS 1401 N.W.183Pd CHTY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D. 10 10	Delete	TITLE	Change Addition
STREET ADDRESS 1401 N.W 1830	Street	NAME STREET ADDRESS CITY-ST-ZIP	La Carlo Car
Miani (FL 33/1	© 9 · □ Delete	TITLE	☐ (Change ☐ Addition
IAME TAN FORBES. 1401 N.W 1836	d. Wree t	NAME STREET ADDRESS	
TILE MICHAEL A	3/6 9, Delete	CITY-ST-ZIP TITLE	. [☐ Change : [☐ Addition :
Lecept Jackson	DO:	NAME	
THEET ADDRESS 1401 N.W. 1830	d street	STREET ADDRESS CITY-ST-ZIP	A Company of the Comp
TILE D.	□ Delete	TITLE	☐ Change ☐ Addition
TREET ADDRESS 1401 N.W. 1830	કેલ	NAME STREET ADDRESS	
Mian. (F) 33	6 4	CITY-ST-ZIP	
TAME .	/ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY - ST- ZIP		STREET ADDRESS CITY-ST-ZIP	
indicated on this report or supplemental report	is true and accurate and that m	y signature shall have th	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director
of the corporation or the receiver or trustee em changed, or on an attachment with an address	powered to execute this report a with all other like empowered	is required by Chapter 6	617, Florida Statutes; and that my name appears in Block 10 or Block 1.1 if
SIGNATURE:	ra mozery	e (dir	ueton) 4/28/01