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FILED
Apr 07, 2001 8:00 am
Secretary of State
03-02-2001 90061 035 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045744

1. Entity Name
TRUE OR LIE ZION I, INCORPORATED

Principal Place of Business	Mailing Address
150 NE 209 TERRACE NORTH MIAMI BEACH FL 33179	150 NE 209 TERRACE NORTH MIAMI BEACH FL 33179

35020 - [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 N.E. 209TER	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N.M.B FI	City & State
Zip: 33179 Country: US	Zip: 33179 Country

4. FEI Number: 65-1017511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, GREGORY 20800 NW MIAMI COURT MIAMI FL 33169	Name: Anthony Waite Street Address (P.O. Box Number is Not Acceptable): 150 N.E. 209TER City: N.M.B FL Zip Code: 33179

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 [signature] 2/26/01
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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. NONE OFFICERS AND DIRECTORS		12. NONE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME CRAIG WAITE STREET ADDRESS 150 N.E. 209TER CITY-ST-ZIP N.M.B FI 33179	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Craig Waite 02/23/01 305 439-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #