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4/30

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State
04-30-2001 90366 041 ***150.00

DOCUMENT # P00000049625

1. Entity Name
GOD IS LOVE INCORPORATED

Principal Place of Business	Mailing Address
2316 NW 14TH CT. FT. LAUDERDALE FL 33311	2316 NW 14TH CT. FT. LAUDERDALE FL 33311

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6289 W. Sunrise BLVD	2316 N.W. 14 Ct
Suite, Apt. #, etc.: 277	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft Lauderdale, FC
Zip: 33313 Country: Brouard	Zip: 33311 Country: Brouard

4. FEI Number: 65-0988284 ☐ 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
CARTER, DENNIS J SR. 7805 NW 40TH ST. CORAL SPRINGS FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE: [signature] 4-21-01
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. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner / President Thomas Wright 2316 N.W. 14 Ct Ft. Lauderdale, FL 33311	☐ 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: Thomas Wright 4-23-01 954 485-4255
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #