

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000093517

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: AGAPE BOOK STORE, INC.

Current Principal Place of Business:

5545 S.W. 8 STREET
SUITE 106
MIAMI, FL 33134

Current Mailing Address:

130 MENDOZA AVENUE, #23
CORAL GABLES, FL 33134

New Principal Place of Business:

130 MENDOZA AVENUE,
APT #23
CORAL GABLES, FL 33134

New Mailing Address:

130 MENDOZA AVENUE,
APT #23
CORAL GABLES, FL 33134

FEI Number: 65-1044156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARAY, CECILIA
Address: 32 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: GARAY, KENNETH
Address: 32 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GARAY, CECILIA
Address: 130 MENDOZA AVE. APT 23
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: GARAY, KENNETH
Address: 130 MENDOZA AVE. APT. 23
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA GARAY

PSTD

04/29/2002

Electronic Signature of Signing Officer or Director

Date