

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 031 ***150.00

DOCUMENT # P99000066803

1. Entity Name
By Faith + Christian Bookstore Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4273 N. State Rd 7
Suite, Apt. #, etc.

3. Mailing Address
4273 N. State Rd 7
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lauderdale Lakes

City & State
Lauderdale Lakes FL

4. FEI Number
65-0937579

Applied For
Not Applicable

Zip
33319

Country

Zip
33319

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MELEOD, FREDERICK G

Street Address (P.O. Box Number is Not Acceptable)

5470 NW 106 DRIVE

City **CORAL SPRINGS FL** Zip Code **33076**

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 _____ (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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Carter, Olive
8330 N. W. 46 Ct
Lauderhill FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YAO, Geneva
7801 NW 44 Ct
Lauderhill FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Patton, Patricia
4244 NW 42st
Lauderdale Lakes FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **Patricia Patton** **PATRICIA PATTON** Director 5-14-02 (954) 731-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)