

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004307

1. Entity Name

CITY MISSION NETWORK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2333 N BROADWAY STE. 130
SANTA ANA CA 92706

2333 N BROADWAY STE. 130
SANTA ANA CA 92706-1641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-3134049

Applied For
Not Applied

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

Name

Wesley Harris

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

3444 5th Ave. N

City

St. Petersburg

FL

Zip Code

33713

GREER, MICHAEL
10652 - 95TH STREET NORTH
LARGO FL 33777

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

Wesley E. Harris, Wesley E. HARRIS, Director

1-22-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, STEVEN E	
STREET ADDRESS	540 S. COMMONWEALTH AVE.	
CITY-ST-ZIP	LOS ANGELES CA 90020	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWITH, MIKE	
STREET ADDRESS	16102 NELSON ST.	
CITY-ST-ZIP	WESTMINSTER CA 92683	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CROWELL, ANDREW	
STREET ADDRESS	317 FEATHER HEIGHTS COURT	
CITY-ST-ZIP	MONROVIA CA 91016	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GONZALES, RON	
STREET ADDRESS	1901 STEVENSON LANE	
CITY-ST-ZIP	FLOWER MOUND TX 75208	
TITLE	P	<input type="checkbox"/> Delete
NAME	EDWARDS, MIKE	
STREET ADDRESS	8922 PALOS VERDES AVE	
CITY-ST-ZIP	WESTMINSTER CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOUD, HENRY	
STREET ADDRESS	260 NEWPORT CENTER DR, S-450	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wesley E. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2000 714-541-0700x27
Date Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90040 035 ****70.00



DO NOT WRITE IN THIS SPACE