2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90020 032 ****70.00

DOCUMENT # 706311

1. Entity Name

FAITH CHURCH OF DADE, INC.

Principal Place of Business	Mailing Address
11089 N.W. 9CT PLANTATION FL 33324	11089 N.W. 9CT PLANTATION FL 33071-5059

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11948 N.W. 11 COURT	11948 N.W. COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	C
City & State: CORAL SPRINGS, FL.	City & State: CORAL SPRINGS, FL.
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number: 59-1695709 ☐ 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
ALESSI, PAUL JR 11084 N.W. 9CT PLANTATION FL 33324	Name: ALESSI PAUL JR Street Address (P.O. Box Number is Not Acceptable): 11948 N.W. 11 Court City: Coral Springs FL Zip Code: 33071

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: PAUL ALESSI JR Paul Alessi Jr. 2/14/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALESSI, MARK P 151 S.W. 134 WAY #201 N. PEMBROKE PINES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUNCAN, WANDA 18510 NW 84 AVE. MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALESSI, PAUL, JR 11089 N W 9CT PLANTATION FL 33324	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALESSI, JOHN 10304 SW 87TH COURT MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Alessi PAUL ALESSI, JR 2/14/00 954-346-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #