2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # Feb 27, 2001 8:00 am Secretary of State 706311. 1. Entity Name FAITH CHURCH OF DADE, INC. 02-27-2001 90057 001 \*\*\*\*61.25 02-27-2001 90057 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 11948 NW. 11 Court 11948 NW. 11th Court Coral Springs, F1. Coral Springs, Fl. 62008 33071 33071 2. Principal Place of Business 3. Mailing Address 11948 NW 11th Court 11948 NW. 11th Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Coral Springs, F1. Coral Springs, F1. Not Applicable 59-1695709 Country \$8.75 Additional  $\frac{7}{3}$ 3071 5. Certificate of Status Desired 33071 USA **HSA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alessi, Paul Jr. Alessi, Paul Jr. 11948 NW 11th Court Street Address (P.O. Box Number is Not Acceptable) 11948 NW 11th Court Coral Springs, Fl. 33071 Zip Code Springs 33071 <u>Coral</u> 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. Paul Alessi Jr. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to. \$5.00 May Be FILE NOW: 9. Election Campaign Financing Trust Fund Contribution.  $\Box$ Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change SD ☐ Delete TITLE NAME Alessi, Mark P NAME STREET ADDRESS STREET ADDRESS 151 S.W. 134 Way #201 N CITY-ST-ZIP CITY-ST-ZIP <u>Pembroke Pines, F1. 33027</u> 🕅 Change ☐ Delete TITLE ■ Addition TITLE תיד NAME NAME Wanda Duncan Alessi Wanda Duncan Alessi STREET ADDRESS STREET ADDRESS 11948 NW 11 Court 11948 NW 11 Court CITY-ST-ZIP CITY-ST-7IP Coral Springs, Fl. 33071 Coral Springs, Fl. Change Addition TITLE TITLE PD ☐ Delete NAME. Alessi,-Paul Jr. --NAME STREET ADDRESS STREET ADDRESS 11948 NW 11th Court 11948 NW 11th Court CITY-ST-ZIP CITY-ST-ZIF 33071 Coral Springs, Fl. 33071 Coral Springs, Fl. ☐ Change ☐ Addition TITLE VΡ ☐ Delete TITLE NAME NAME Alessi, John STREET ADDRESS STREET ADDRESS 10304 SW 87th Court CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 applicable with all other like empowered. 954-346-8700 Paul Alessi Jr. 2/6/01

Daytime Phone #

Date

SIGNATURE:

IGNATURE AND PED OR PRINTED NAME OF SIG

NING OFFICER OR DIRECTOR