

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 04, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000002296

1. Entity Name
 MISSIONARY OF MIAMI, INC.

Principal Place of Business 15151 N.W. 18TH AVENUE MIAMI FL 33054	Mailing Address 15151 N.W. 18TH AVENUE MIAMI FL 33054
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2. Principal Place of Business 2439 CENTERGATE DRIVE Suite, Apt. #, etc. #206 City & State MIRAMAR FL	3. Mailing Address 2439 CENTERGATE DRIVE Suite, Apt. #, etc. #206 City & State MIRAMAR FL
Zip 33025	Country

4. FEI Number
65-1003634

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLIS TONYA L 15151 N.W. 18TH AVENUE MIAMI FL 33054 US		Name ELLIS TONYA L Street Address (P.O. Box Number is Not Acceptable) 2439 CENTERGATE DRIVE City MIRAMAR FL Zip Code 33025	

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 _____ DATE **09/04/2001**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASH TINA L 3020 N.W. 172ND TERRACE MIAMI FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS GAIL F 2439 CENTERGATE DRIVE, #206 MIRAMAR FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELLIS TONY L 15151 N.W. 18TH AVENUE MIAMI FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASH TINA L 2439 CENTERGATE DRIVE, #206 MIRAMAR FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELLIS WILLIE F 15151 N.W. 18TH AVENUE MIAMI FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELLIS TONYA L 2439 CENTERGATE DRIVE, #206 MIRAMAR FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TONYA L. ELLIS PTD 09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)