

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90326 008 \*\*\*\*61.25

**DOCUMENT # N01000004168**

1. Entity Name

**JESUS TABERNACLE INC.**

Principal Place of Business

Mailing Address

14520 N.E. 16TH AVENUE, NORTH  
 MIAMI FL 33161-3034

2274 N.E. 135TH LANE  
 NORTH MIAMI BEACH FL 33181

2. Principal Place of Business

3. Mailing Address FL 33181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SAME ADDRESS**

**SAME ADDRESS**

City & State

City & State

**N. MIAMI FLA**

**N. M. BEACH FL**

Zip

Country

Zip

Country

**33161**

**DADE**

**33181**

**DADE**

6. Name and Address of Current Registered Agent

4. FEI Number  
**65-1113655**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

**LATONA, SALVATORE**  
**2274 N.E. 135TH LANE**  
**NORTH MIAMI BEACH FL 33181**

Name

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

City

**FL**

Zip Code

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

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  
**P**  
**LATONA, SALVATORE**  
**2274 N.E. 135TH LANE**  
**NORTH MIAMI BEACH FL 33181**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ROYAL W DINKNEY**  
**1912 SLOTT**  
**MIAMI FL 33020**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**LATONA, KIM E.C.**  
**2274 N.E. 135TH LANE**  
**NORTH MIAMI BEACH FL 33181**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LOIS N. JOHNSON**  
**439-24 ST APT 2**  
**MIAMI, FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE:

**LATONA, SALVATORE**

**4/08/02 305-940-6268**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHS-037 (9/01)