

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 2274 N.E. 135TH LANE
 MIAMI FL 33161-3004 NORTH MIAMI BEACH FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address FL 33181
145 20 N.E 16 AVE **2274 N.E 135LN NORTH M BEACH**
 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**

4. FEI Number Applied For
65-1113655 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 NO

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name: **OS**
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ROYAL W DINCKNEY 1912 SLOTT HOLLYWOOD FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATONA, KIM E.C. 2274 N.E. 135TH LANE NORTH MIAMI BEACH FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIS N. JOHNSON 439-24 ST APT 2 MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CRF-037 (9/01)

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* **LATONA SALVATORE** Date: **4/08/02** Daytime Phone #: **305-940-6269**