## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # N9200000211 1. Entity Name 04-29-2002 90138 036 \*\*\*\*61.25 MONUMENT OF FAITH, INC. Mailing Address Principal Place of Business 19700 NE 22ND AVE 19700 NE 22ND AVE NORTH MIAMI BEACH FL 33180 NORTH MIAM! BEACH FL 33180 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0428407 Not Applicable \$8.75 Additional Country Zip Country Zip Certificate of Status Desired Fee Required ~7.-Name and Address of New Registered Agent ------ 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRANCIS, JAMES 19700 NE 22ND AVE **FORTH MIAMI BEACH FL 33180** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. CR2E037 (9/01) Addition ☐ Change TITLE ☐ Delete TITLE NAME FRANCIS, SHANCE D NAME STREET ADDRESS 19700 NE 22ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP North Miami Beach Fl ☐ Addition TITLE ☐ Delete **VPS** TITLE NAME FRANCIS, EDNA NAME STREET ADDRESS STREET ADDRESS 19700 NE 22ND AVE CITY - ST - ZIP - -CITY-ST-ZIP NORTH-MIAMI-BCH-FL-33180 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HARRIS, YVONNE NAME STREET ADDRESS STREET ADDRESS 18333 NW 144 CT CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33055 ☐ Change Addition ☐ Delete PCE0 TITLE FRANCIS, JAMES N NAME STREET ADDRESS STREET ADDRESS 19700 NE 22ND AVE CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL 33180 ☐ Change ■ Addition Delete TITLE TITLE NAME JOHNSON, SYDNEY O NAME STREET ADDRESS STREET ADDRESS 5213 SW 118TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL ☐ Change Addition TITLE □ Delete TITLE NAME BOGLE, HERMA NAME STREET ADDRESS 1957 NE 177TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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 tryle 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 furties 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:

THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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