2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005231

1. Entity Name

ISAIAH & EZEKIEL LAW FOUNDATION CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90038 004 ****80.00

Principal Place of Business	Mailing Address
6073 NW 167 ST. SUITE C-7 MIAMI FL 33015	6073 NW 167 ST. SUITE C-7 MIAMI FL 33015-4314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	19100 NW 6 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33169 Country: DADE

4. FEI Number 65-0705084 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAW, MARY 175 SIERRA DR MIAMI FL 33169	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 Mary Law 5/20/00
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	PTD LAW, MARY 1200 N.W. 175TH STREET MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAM, LAURETTA 17144 NW 12TH AVE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILSON, SHIRLEY 17144 NW 12TH AVE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PICKETT, VERDIE JR 2122 ADAMS ST., APT. 407 HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, JOEY 1355 ALIBABA AVE MIAMI FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GUARASHUGA, MERCY 6742 SW 15TH ST MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #