2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001035 1. Entity Name CATHEDRAL OF THE MESSIAH INC. 04-14-2001 90035 003 ****70.00 Principal Place of Business Mailing Address 1381 N. PALM AVE. P. O. BOX 821866 PEBROKE PINES FL 33026 SOUTH FLORIDA FL 33082-1866 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818050 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SILVERA, FAYE M 3335 SW 181ST TERR. MIRAMAR FL 33029 City 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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Addition Oelete SILVERA, FA SIVERA, FAYE M NAME NAME STREET ADDRESS 3335 SW 181ST TERR. STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MIRAMAR FL 33029 TITLE Addition TITLE ☐ Delete ROBINSON, DAVID R ROBINSON, DAVID R 19121 NW 6TH CT. NAME NAME STREET ADDRESS STREET ADDRESS 19121 NW 6TH CT. CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33169 MIAMI FI 33169 Delete TITLE TITLE Channe ☐ Addition MASON, NICOLE NAME NAME STREET ADDRESS 7400 MIRAMAR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE Delete TITLE ☐ Change ☐ Addition HARRIS, WINDY NAME NAME STREET ADDRESS 3335 SW 181 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 DILE Delete TITI F ☐ Change ☐ Addition NAME BECKFORD, RICHARD NAME STREET ADORESS 565 NW 198 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that i am an officer or director of the corporation or the receiver or trustice 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 life empowered.

SIGNATURE:

May 11, 2001 8:00 am Secretary of State

Davrime Phone #