FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## Apr 10, 2002 8:00 am § Secretary of State DOCUMENT # N98000001035 1. Entity Name 04-10-2002 90486 038 \*\*\*\*70 00 CATHEDRAL OF THE MESSIAH WORSHIP CENTER, INC. Principal Place of Business Mailing Address 1381 N. PALM AVE. 1381 N. PALM AVE. PEBROKE PINES FL 33026 PEBROKE PINES FL 33026 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 Zip Country 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 Name 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SIVERA, FAYE M NAME CR2E037 STREET ADDRESS STREET ADDRESS 3335 SW 181ST TERR. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ROBINSON, DAVID R NAME STREET ADDRESS 19121 NW 6TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Delete TITLE Chiange TITLE ☐ Addition NAME NAME HARRIS, WINDY STREET ADDRESS STREET ADDRESS 3335 SW 181 TERR CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 Additionچِرَآبِ Delete TITLE TITLE BECKFORD, RICHARD NAME NAME STREET ADDRESS 565 NW 198 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Delete ☐ Change ☐ Addition TITLE TITLE ROBINSON, DAVID R NAME NAME STREET ADDRESS 19121 NW 6TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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). Fiorida 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 employered 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 analysis with all other like empowered.