

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90067 009 ****70.00

DOCUMENT # N99000000074

1. Entity Name

UNITY DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

6890 SW 36 STREET
 MIRAMAR FL 33023

6890 SW 36 STREET
 MIRAMAR FL 33023

21885 N.W 27 Ave miami florida 33056

2. Principal Place of Business

3. Mailing Address

6890 S.W 36 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR FL

City & State

Miami FLA

City & State

FLA 33023

Zip

33056

Country

U.S.A

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0861270

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

FRASER-LANE, MELORINE
 6890 SW 36 STREET
 MIRAMAR FL 33023

Name *MELORINE FRASER*

Street Address (P.O. Box Number is Not Acceptable)

6890 S.W 36 St miramar

City *MIRAMAR*

FL

Zip Code

33023

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-02

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	D	<input type="checkbox"/> Delete
NAME	FRASER-LANE, MELORINE	
STREET ADDRESS	6890 SW 36 STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, MICHAEL	
STREET ADDRESS	6890 SW 36 STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, ROBERT	
STREET ADDRESS	6890 SW 36 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYFIELD, MAXINE	
STREET ADDRESS	3615 SW 52 AVE #C-105	
CITY-ST-ZIP	HOLLYWOOD FL 33022	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRASER, JACINTH	
STREET ADDRESS	6590 SW 36 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAULINE, NICHOLS	
STREET ADDRESS	5714 SW 38 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Chairman Chin</i>	
STREET ADDRESS	<i>3251 Label Palm Hollywood FL 33024</i>	
CITY-ST-ZIP	<i>FL 33024</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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), 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: *MELORINE FRASER* *4-14-02* *95496728647*

CR2E037 (9/01)