

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90181 042 \*\*\*150.00

**DOCUMENT # P99000012898**

1. Entity Name

**GALATIANS KINDERCHURCH, INC.**

Principal Place of Business

6281 S.W. 156TH COURT  
 MIAMI FL 33193

Mailing Address

6281 S.W. 156TH COURT  
 MIAMI FL 33193-2809

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 960490

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI**



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

33296

Country

1

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

VEREBAY, LAYNE  
 888 S.E. 3RD AVE. STE. 400  
 FT. LAUDERDALE FL 33316

Name **PATRICK ADELEKE**

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

**6281 SW 156 CT**

City **MIAMI**

**FL**

Zip Code **33193**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV**  Delete  
 NAME **ADELEKE, MARY**  
 STREET ADDRESS **6281 S.W. 156TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **ADELEKE, PATRICK**  
 STREET ADDRESS **6281 S.W. 156TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICK ADELEKE** 4/18/00  
 Date Daytime Phone #

CR2E034 (9/99)