

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/2

FILED
Jul 05, 2000 8:00 am
Secretary of State

04-26-2000 90194 005 ***150.00

DOCUMENT # P99000012910

1. Entity Name R
PHILADELPHIA KINDERCHURCH, INC.

Principal Place of Business Mailing Address
 6281 S.W. 156TH COURT 6281 S.W. 156TH COURT
 MIAMI FL 33193 MIAMI FL 33193-2809

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 960490
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 MIAMI FL FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

33296 Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VEREBAY, LAYNE
 888 S.E. 3RD AVE. STE 400
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 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 *P. A.* DATE 6/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADELEKE, MARY 8281 S.W. 156TH COURT MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADELEKE, PATRICK 6281 S.W. 156TH COURT MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 REQUIRED~~ PATRICK ADELEKE Date 4/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)