

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 10, 1999 8:00 am  
Secretary of State

06-10-1999 90002 013 \*\*\*\*\*8.75

06-10-1999 90002 014 \*\*\*\*\*61.25

DOCUMENT # N11917

1. Corporation Name

THE UNIVERSAL ASSEMBLY OF YAHWEH IN MIAMI, INC.

Principal Place of Business

579 NE 149TH ST  
MIAMI FL 33161  
US

Mailing Address

860 ARABIA AVE  
OPALOCKA FL 33054  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/06/1985

4. FEI Number

59-2673578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEOPOLD, KAREN S.  
20801 BISCAYNE BLVD.  
SUITE #501  
MIAMI 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME PHILLIP, EVELYN  
STREET ADDRESS 860 ARABIA AVE.  
CITY-ST-ZIP OPA LOCKA FL

TITLE SMD ☐ DELETE

NAME GARRICK, ERROL  
STREET ADDRESS 860 ARABIA AVE  
CITY-ST-ZIP OPA LOCKA FL

TITLE AD ☐ DELETE

NAME BETHEL, BERNARD  
STREET ADDRESS 20805 N. MIAMI BEACH AV  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WHYTE, ELSIE  
STREET ADDRESS 1001 WYOMING  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☐ DELETE

NAME WHIGHAM, MARLENE  
STREET ADDRESS 720 NW 141 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Errol Garrick*

6-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)