

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11917

1. Entity Name

THE UNIVERSAL ASSEMBLY OF YAHWEH IN MIAMI, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90708 001 ****61.25

05-19-2000 90708 002 *****8.75

Principal Place of Business 579 NE 149TH ST MIAMI FL 33161 US	Mailing Address 860 ARABIA AVE OPALOCKA FL 33054-3004 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2673578	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEOPOLD, KAREN S. 20801 BISCAYNE BLVD. SUITE #501 MIAMI 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DT PHILLIP, EVELYN 860 ARABIA AVE. OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMA BARRETTCLAKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8226 SW 22ND ST D 303 NORTH LAUDERDALE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD GARRICK, ERROL 860 ARABIA AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROY WARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 209 NW 10 ST APT 2 HALLENDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BETHEL, BERNARD 20805 N. MIAMI BEACH AV MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCIA BETHEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2625 SW 183 AW MIAMI FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHYTE, ELSIE 1001 WYOMING FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHIGHAM, MARLENE 720 NW 141 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TELSA HENLON <input type="checkbox"/> Delete 1821 SW 124 WAY MIAMI FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ERROL GARRICK 5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)