

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106513

1. Entity Name

Investment of Faith Inc
Allington Tower N., 1500 S Ocean Dr, Apt 5J
Hollywood, FL 33019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Allington Tower N

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 S Ocean Dr, Apt 5J

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nelson J. Diaz

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

3501 S.W. 107 Ave

City

Miami, FL 33165 FL

Zip Code

33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Juliana Cabal

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Juliana Cabal
PIT/IS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D - PIT/IS
Juliana Cabal; Allington Tower N
1500 S. Ocean Dr, Apt 5J
Hollywood, FL 33019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

500018459035

05/07/03--01087--003 **150.00

500018459035

05/07/03--01087--004 **150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/03

75 4/25

CR2E034B (12/02)