

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90198 002 ****70.00

DOCUMENT # 704997

1. Entity Name

NEW JERUSALEM IN ITS POWER, INC.

Principal Place of Business

Mailing Address

**1452 N.W. 58TH TERRACE
 MIAMI FL 33142-2516**

**%JANIE DAVIS
 1176 N.W. 58 TERR.
 MIAMI FL 33127**

2. Principal Place of Business

**1452 N.W. 58th Terr.
 Suite, Apt. #, etc.
 Miami, FL 33142-2516
 City & State**

3. Mailing Address

**Janie Davis
 Suite, Apt. #, etc.
 1176 N.W. 58th Terr.
 City & State
 Miami, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6151960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **33142-2516** Country **U.S.A.**

Zip **33127** Country **U.S.A.**

6. Name and Address of Current Registered Agent

**DAVIS, JANIE
 1176 N.W. 58TH TERRACE
 MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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	PDT	<input type="checkbox"/> Delete
NAME	DAVIS, JANIE B.	
STREET ADDRESS	1176 N.W. 58TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, BERTHA	
STREET ADDRESS	5610 NW 23 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, IZOLA	
STREET ADDRESS	15341 N.W. 28TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOYCE A	
STREET ADDRESS	1175 N.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, ANNIE L	
STREET ADDRESS	3511 N.W. 177TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

01-08-02/305-757-3655

CR2E037 (9/01)