## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 21, 2001 8:00 am § Secretary of State DOCUMENT # 725176 1. Entity Name 08-21-2001 90007 003 \*\*\*\*61.25 THE OPA LOCKA CHURCH OF OUR LORD, INC Principal Place of Business Mailing Address 2010 ALI BABA AVE. 2010 ALI BABA AVE. C0075298 OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0299724 Not Applicable, Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, ERNEST 3380 N.W. 205 STREET CAROL CITY FL 33056 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD ☐ Delete ☐ Addition TITLE TITLE ☐ Change HEIDELBURG, WANDA M. NAME NAME STREET ADDRESS STREET ADDRESS 2231 NW 196 TERR CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL Detete Change ☐ Addition TITI F MOORE, ERNEST NAME NAME STREET ADDRESS 3380 N W 205TH ST -- = STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, DWELLY NAME STREET ADDRESS STREET ADDRESS 1325 NW 172ND TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete BROWN, RAYFIELD NAME NAME STREET ADDRESS 13321 NW 26TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 22054 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TUCKER, HENRY L. NAME STREET ADDRESS 2010 ALIBABA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OPA LOCKA:FL ☐ Change TITLE ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Jehray 1, 2001 305-865-7917