## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # 725214 1. Entity Name 02-28-2002 90030 013 \*\*\*\*61.25 HEED UNIVERSITY SCHOOL OF THEOLOGY, INC. Principal Place of Business Mailing Address 1131 N.E. 169TH TERRACE 1131 N.E. 169TH TERRACE NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 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 59-1470351 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent radelle HIRSCH, RONALD Street Address (P.O. Box Num HILLS Drive 1131 N.E. 169TH TERRACE NORTH MIAMI BEACH FL 33132 Us wood 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD CR2E037 (9/01) Director TITLE TITLE Addition ☐ Delete WILLIS, NATHANIEL NAME Don B. Panush 2166 Broadway NY. NY NAME STREET ADDRESS STREET ADDRESS 2231 E 67TH ST CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL VDCT ☐ Delete TITLE HIRSCH, RONALD NAME STREET ADDRESS STREET ADDRESS 1131 N.E. 169TH TERR. CITY-ST-ZIP CITY-ST-ZIP north Miami BCH. Fl TITLE TITLE ☐ Delete Change ☐ Addition NAME: SHAW, IRVING S NAME STREET ADDRESS STREET ADDRESS 1212 W CENTER ST CITY-ST-ZIP CITY-ST-ZIP MANTECA CA 95337 TITLE DS ☐ Delete TITLE ☐ Addition NAME MILRAD, FRADALLE E NAME STREET ADDRESS 5240 N HILLS DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED