2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 08, 2003 8:00 am Secretary of State DOCUMENT # 725214 1. Entity Name 09-08-2003 90324 046 ****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. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-1470351 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent and the trade of mostly to the contracting of the con-MILRAD. FRADELLE HIRSCH Street Address (P.O. Box Number is Not Acceptable) 5240 N. HILLS DRIVE HOLLYWOOD FL 33021 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITLE TITLE Change ☐ Addition CR2E037 (4/03 WILLIS, NATHANIEL NAME NAME STREET ADDRÉSS 2231 E 67TH ST STRFFT ADDRESS CHICAGO IL CITY-ST-ZIP CITY-ST-ZIP VDCT TITLE ☐ Delete TITLE ☐ Change Addition HIRSCH, RONALD NAME 1131 N.E. 169TH TERR. STREET ADDRESS STREET ADDRESS NORTH MIAMI BCH. FL CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE SHAW, IRVING S NAME NAME 1212 W CENTER ST STREET ADDRESS STREET ADDRESS **MANTECA CA 95337** CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change Addition MILRAD, FRADALLE E NAME NAME 5240 N HILLS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PANUSH, DON B NAME NAME 2166 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10024** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-657-4263