2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # 732767 1. Entity Name KAZAH TEMPLE #149 OF MIAMI, FLORIDA - A. E. A. 05-08-2000 90003 035 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2515 P.O. BOX 2515 OPA LOCKA FL 33055 OPA LOCKA FL 33055 99131h 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-6544122 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ELLIS, JOSEPH 2290 NW 107TH ST CAROL CITY BRANCH Zip Code City MIAMI FL 33169 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Walter Russell 3021 JAVA PIUM AUE K Change ☐ Addition TITLE TITLE **Delete** ROBERTS, HORACE NAME NAME STREET ADDRESS STREET ADDRESS 17110 NW 35TH AVE M. RAMAR, FLA 33025 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33056 VD. FREDERICK BRYANT Addition ☐ Change · 🔀 Delete TITLE 27841 SW 132NO CH RUSSELL, WALTER P NAME STREET ADDRESS STREET ADDRESS 3421 JAVAPLUM AVE Home stead, FLA 33032 CITY-ST-ZIP CITY-ST-7IF MIRAMAR FL 33025 Addition Change Delete TITLE CLANDE THOMPSON 20 NE 454 ST TITLE MCARTHUR, GORDON NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 490954 MIAMO, FLA 33137 CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33349 ☐ Addition 🗻 🗻 🔲 Change TITLE □-Delete TITLE WORTHEY, THEODIS NAME NAME STREET ADDRESS 17700 NW 144 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete GRANT, JAY B STREET ADDRESS STREET ADDRESS 18474 SW 87 CT CITY-ST-ZIF CITY-ST-ZIP miami fl ☐ Delete ☐ Change ☐ Addition TITLE 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR P