

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739814

1. Entity Name

MIRACLE DELIVERANCE EVANGELISTIC, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90130 022 ****61.25

Principal Place of Business

4407 NW 17 AVENUE
P.O. BOX 162855
MIAMI FL 33176

Mailing Address

4407 NW 17 AVENUE
P.O. BOX 162855
MIAMI FL 33116-2855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1863297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEUER, JEFFREY M.
20466 SOUTH DIXIE HWY
MIAMI FL 33189

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

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

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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, MATTIE M.	
STREET ADDRESS	14010 VAN BUREN ST	
CITY-ST-ZIP	RICHMOND HTS FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEASLEY, MARY	
STREET ADDRESS	10905 SW 141 LANE	
CITY-ST-ZIP	RICHMOND HGTS FL 33176	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAYLOR, BEVERLY JOYCE	
STREET ADDRESS	14010 VAN BUREN ST.	
CITY-ST-ZIP	RICHMOND HGTS FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ERNEST	
STREET ADDRESS	10740 SW 143 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESTER, JOSIE	
STREET ADDRESS	14485 SW 299 TERR	
CITY-ST-ZIP	LEISURE XITY FL 33033	
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
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
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:

MATTIE M. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 (305) 2536588

CR2E037 (9/99)