

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90359 012 ****61.25

DOCUMENT # 739814

1. Entity Name

MIRACLE DELIVERANCE EVANGELISTIC, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1863297

Applied For

Not Applicable

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 ☐ Delete
NAME TAYLOR, MATTIE M.
STREET ADDRESS 14010 VAN BUREN ST
CITY-ST-ZIP RICHMOND HTS FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BEASLEY, MARY
STREET ADDRESS 10905 SW 141 LANE
CITY-ST-ZIP RICHMOND HGTS FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME TAYLOR, BEVERLY JOYCE
STREET ADDRESS 14010 VAN BUREN ST.
CITY-ST-ZIP RICHMOND HGTS FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TAYLOR, ERNEST
STREET ADDRESS 10740 SW 143 TERR
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LESTER, JOSIE
STREET ADDRESS 14485 SW 299 TERR
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE ☒ Change ☐ Addition
NAME Lester, Josie
STREET ADDRESS 14485 S.W. 299 Terr.
CITY-ST-ZIP Leisure City, Fl 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TAYLOR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 253-6588

Date 3-8-2 Daytime Phone #

CR2E037 (10/00)