

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90044 019 \*\*\*\*70.00

DOCUMENT # 742372

1. Entity Name

COME FOLLOW ME COMMUNITY, INC.

Principal Place of Business

17640 OLD CUTLER RD  
MIAMI FL 33157  
US

Mailing Address

17640 OLD CUTLER RD  
MIAMI FL 33157  
US

2. Principal Place of Business

15111 S.W. 69 Ct.  
Suite, Apt. #, etc.

3. Mailing Address

15111 S.W. 69 Ct.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FLORIDA  
Zip 33158 Country DADE

City & State

Miami, FLORIDA  
Zip 33158 Country DADE

4. FEI Number

59-2347593

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLANK, CATHERINE, SR.  
17640 OLD CUTLER RD  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

BLANK, CATHERINE SR.

Street Address (P.O. Box Number is Not Acceptable)

15111 S.W. 69 Ct.

City

Miami

FL

Zip Code

33158

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANK, CATHERINE, SR 17640 OLD CUTLER RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REGELE, MARICA(SISTER) 17640 OLD CUTLER RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD THE REV, JOHN CAMPOLI 17640 OLD CUTLER RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15111 SW 69 Ct MIAMI, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SR MARCIA Regele* Vice Pres. -  
4/24/01 (305) 253-4996

CR2E037 (10/00)