

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90059 041 ****70.00

DOCUMENT # 744350

1. Entity Name

UPPER ROOM ASSEMBLY, INC.

Principal Place of Business

Mailing Address

19701 SW 127TH AVE
MIAMI FL 33177-1803
US

19701 SW 127TH AVE
MIAMI FL 33177-4803
US

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

59-1889817

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

JOSEPH, JOHN P REV
19701 SW 127TH AVE
MIAMI FL 33177

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 RC
NAME KLEPP, REV. BRUCE
STREET ADDRESS 15459 SW 143 TERR
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

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

TITLE D
NAME TARTAK, WILL
STREET ADDRESS 10455 SW 117TH ST
CITY-ST-ZIP MIAMI FL 33176 ☒ Delete

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

TITLE DS
NAME CHARKS, ALLEN
STREET ADDRESS 17301 SW 302 ST
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

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

TITLE DT
NAME FIGUEROA, REINALDO
STREET ADDRESS 15207 SW 171 ST
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE Director
NAME Gomez, Gustavo
STREET ADDRESS 12320 SW 105th St
CITY-ST-ZIP MIAMI, FL 33186 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Secretary
NAME Fishbough, CAL
STREET ADDRESS 10965 SW 95th St
CITY-ST-ZIP MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Director
NAME Okereke, Chuks
STREET ADDRESS 10460 SW 165th Terrace
CITY-ST-ZIP MIAMI, FL 33157 ☐ Change ☒ Addition

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: Rev. Bruce O. Klepp 3/31/00 305-252-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #