2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # **747500** JERUSALEM CHURCH OF GOD SEVENTH DAY, INC. 04-11-2002 90716 027 ****70.10 Principal Place of Business Mailing Address 591 NW 35TH STREET PO BOX 014963 MIAMI FL 33127 FLAGLER STATION MIAMI FL 33101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For. 65-0882503 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGBEIN, LESUE W. Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. SUITE 506 **MIAMI FL 33180** 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition **EUDOVIQUE, JOSEPH** NAME NAME STREET ADDRESS 1301 NW 175TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE ☐ Delete TITLE Change ☐ Addition OSCAR, ULYSES NAME STREET ADDRESS STREET ADDRESS 496 NW 165 ST, RD. #409 CITY-ST-ZIP NORTH MIAMI BEACH FL 33128 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition JOHN, DERRICK E NAME NAME STREET ADDRESS 18948 NW 57TH AVE . #106 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33015 TITLE ☐ Delete ☐ Change TITLE ☐ Addition JOHN, MIRIAM E NAME NAME STREET ADDRESS 18952 NW 227 AVE., #212 STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33055 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SERIEUX, DEMETRIUS NAME NAME 20952 NW 22 AVE., #118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

MANATURE BYOURED

GRANUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

305-919-573