

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
 09-13-2000 90044 032 ****61.25

DOCUMENT # 747634

1. Entity Name

THE TENTH COMMANDMENT, INC.

R

Principal Place of Business

**5300 WASHINGTON STREET
 SUITE F 214
 HOLLYWOOD FL 33023-4474**

Mailing Address

**5300 WASHINGTON STREET
 SUITE F 214
 HOLLYWOOD FL 33023-4474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1940452

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

**UPTGROW, EMMALINE
 5300 WASHINGTON STREET
 HOLLYWOOD FL 33023**

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **UPTGROW, EMMALINE**
 CITY-ST-ZIP **5300 WASHINGTON ST
 HOLLYWOOD FL 33023**

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

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **DALEY, MAXINE**
 CITY-ST-ZIP **1306 SILVERDO
 NORTH LAUDERDALE FL 33068**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GRANT, ELAINE**
 CITY-ST-ZIP **20236 SW 124TH PLACE
 MIAMI FL 33177**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Elaine Grant**
 CITY-ST-ZIP **20236 S.W. 124th place
 miami, FL 33177**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BENJAMIN, ROBIN**
 CITY-ST-ZIP **20236 SW 124TH PLACE
 MIAMI FL 33177**

TITLE ☐ Change ☒ Addition
 NAME **secretary**
 STREET ADDRESS **Robin Benjamin**
 CITY-ST-ZIP **20236 S.W. 124 place
 miami, FL 33177**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FORD, SALENA**
 CITY-ST-ZIP **3732 SW 59 TERRACE
 MIAMI FL**

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

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:

Elaine Grant
ELAINE GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00

Date

Daytime Phone #

CR2E037 (5/00)