

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747634

1. Entity Name

THE TENTH COMMANDMENT, INC.

Principal Place of Business

Mailing Address

5300 WASHINGTON STREET
SUITE F 214
HOLLYWOOD FL 33023-4474

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

Zip

Country

Zip

Country

4. FEI Number

59-1940452

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

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 12, 2001, 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 PD
NAME UPTGROW, EMMALINE
STREET ADDRESS 5300 WASHINGTON ST
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS 2817 Crescent Place
CITY-ST-ZIP Miramar, FL 33026 ☒ Change ☐ Addition

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

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

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

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

TITLE T
NAME GRANT, ELAINE
STREET ADDRESS 20236 S.W. 124TH PLACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS 2817 Crescent Place
CITY-ST-ZIP Miramar, FL 33026 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 20236 S.W. 124th Place
CITY-ST-ZIP MIAMI, FL 33177 ☐ 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:

Elaine Grant 9/7/01 954-96-7148

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90012 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)