2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 751563** 1. Entity Name THE FIRST ALLIANCE CHURCH OF MIAMI, INC. 02-05-2000 90017 027 ****61.25 Principal Place of Business Mailing Address 15651 N.W. 6TH AVENUE 15651 N.W. 6TH AVENUE MIAMI FL 33169-6657 MIAMI FL 33169 LUULLAPSA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-0872062 Not Applia Country \$8.75 Additional Country 5: Certificate of Status Desired - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLEMAN, PAUL W. REV 15949 MIAMI DR **MIAMI FL 33162** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, Hale, Jarry Apt. #1 **Additio** Delete TITLE TITLE VILLAZON, HORACIO, JR NAME NAME STREET ADDRESS STREET ADDRESS 642 NW 162 AVE. Miami, 7%. 33138 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Change ☐ Addition Delete TITLE NAME NAME , LEIVA, JOSE - ---STREET ADDRESS STREET ADDRESS 13610 NW 5TH CT CITY-ST-7IP CITY-ST-ZIP N MIAM! FL 33168 Change Additio ☐ Delete TITLE TITLE NAME NAME COLEMAN, PAUL W. STREET ADDRESS STREET ADDRESS 15949 MIAMI DR CITY-ST-ZIP CITY-ST-ZIP <u>miami fl</u> ☐ Addition Change ☐ Delete TITLE NAME NESBITT, JEF STREET ADDRESS STREET ADDRESS 13975 NE 2ND AVE CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete Change Additio TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Additio TITLE TITLE NAME NAME STREET ADDRESS 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 an appeared.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2000

305-849-6527

Daytime Phone #