

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90271 034 \*\*\*\*70.00

DOCUMENT # 762229

1. Entity Name

SHALOM MINISTRIES GOSPEL MISSION INC.

Principal Place of Business

414 16TH STREET  
MIAMI BEACH FL 33139  
US

Mailing Address

610 N SHORE DR  
MIAMI BEACH FL 33141-2434  
US

2. Principal Place of Business

V.F.W POST 3559 FLORIDIAN BLDG

3. Mailing Address

Suite, Apt. #, etc.

650 West Ave

City & State

Miami Beach FLA

4. FEI Number

59-2252727

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JAMES  
610 NORTH SHORE DRIVE  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GARCIA, JOY TAN  
610 NORTH SHORE DRIVE  
MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GARCIA, JAMES  
610 NORTH SHORE DRIVE  
MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLER, BRYAN  
8991 NW 188TH STREET  
MIAMI FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-2001 (305) 866-5355

CR2E037 (10/00)