

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90499 046 ****70.00

DOCUMENT # 762229

1. Entity Name

SHALOM MINISTRIES GOSPEL MISSION INC.

Principal Place of Business

Mailing Address

V.F.W POST 3559 FLORIDIAN BLDG
 650 WEST AVE
 MIAMI BEACH FL 33139

610 N SHORE DR
 MIAMI BEACH FL 33141-2434
 US

2. Principal Place of Business

3. Mailing Address

414-16th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach FLA

Zip

Country

Zip

Country

33139

4. FEI Number

NOT APPLICABLE

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

GARCIA, JAMES
610 NORTH SHORE DRIVE
MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

James Garcia (JAMES GARCIA) President Director

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

James Garcia (JAMES GARCIA) President Director

3/30/02 (305) 597-2673(w)
 (305) 866-5355(H)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)