

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **93-000005011**

1. Entity Name

The Universal Church

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 NOV -2 PM 4:46

Principal Place of Business

Mailing Address

500 Palm Ave
Hialeah, FL 33010

220 E. 23rd St
Suite 509
New York, NY 10010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3443110

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

Joseph Averill
710 City National Bank Bldg
25 West Flagler Street
Miami, FL 33130

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution:

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Forrest Higginbotham	
STREET ADDRESS	220 E. 23rd St. Ste 509	
CITY-ST-ZIP	NY, NY 10010	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	David Higginbotham	
STREET ADDRESS	220 E. 23rd St. Ste 509	
CITY-ST-ZIP	NY, NY 10010	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Regina Cerveira	
STREET ADDRESS	220 E. 23rd St. Ste 509	
CITY-ST-ZIP	NY, NY 10010	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lilian Moncada	
STREET ADDRESS	220 E. 23rd St. Ste. 509	
CITY-ST-ZIP	NY, NY 10010	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Rui Morais	
STREET ADDRESS	220 E. 23rd St. Ste 509	
CITY-ST-ZIP	NY, NY 10010	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Forrest Higginbotham	
STREET ADDRESS	220 E. 23rd St. Ste 509	
CITY-ST-ZIP	NY, NY 10010	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003468965--8	
CITY-ST-ZIP	-11/17/00--01076--004	
	*****70.00 *****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina Cerveira Regina Cerveira, Treasurer 9-22-00 725-8182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #