

2001 UNIFORM BUSINESS REPORT (UBR)

5/16/
* 8/2

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-21-2001 90007 030 ****61.25
05-16-2001 90208 006 ****70.00

DOCUMENT # N00000000550

1. Entity Name

NEW LIFE PRAISE AND WORSHIP CENTER INC.

Principal Place of Business

1841 NW 152 STREET
OPA LOCKA FL 33054

Mailing Address

1841 NW 152 STREET
OPA LOCKA FL 33054

78325

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

65-0988064

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

DOUNVEOR, JANDRA P
1841 NW 152 STREET
OPA LOCKA FL 33054

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 ☐ Delete
NAME **D Jandra Dounveor**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Change ☐ Addition
NAME **P Jandra Dounveor**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete
NAME **D Boyd Dounveor**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Change ☐ Addition
NAME **P Boyd Dounveor**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete
NAME **D Stephanie Payne**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Change ☐ Addition
NAME **S Stephanie Payne**
STREET ADDRESS **1841 N.W. 7th Court**
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jandra Dounveor 8/14/01 (305) 654-9948
Daytime Phone #

CR2E037 (5/01)