

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90225 048 \*\*\*\*\*61.25

0071318

**DOCUMENT # N00000001647**

1. Entity Name

**LAYMAN'S WALK MINISTRIES, INC.**

Principal Place of Business

Mailing Address

~~23021 BAYSHORE RD.~~  
~~PT. CHARLOTTE FL 33980~~

~~23021 BAYSHORE RD.~~  
~~PT. CHARLOTTE FL 33980~~

2. Principal Place of Business

3. Mailing Address

**12570 SW 72 Terrace**  
 Suite, Apt. #, etc.

**12570 SW 72 Terrace**  
 Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

**MIAMI, FL**

Zip

Country

Zip

Country

**33183**

**33183**

4. FEI Number

Applied For

**65-0993041**

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEARMAS, REINALDO**  
~~9997 SW 68 ST.~~ **12570 SW 72 Terrace**  
**MIAMI FL 33183**

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/01**

**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 **PD**  
 STREET ADDRESS **COLUCCI, MICHAEL J**  
 CITY-ST-ZIP **23021 BAYSHORE RD.**  
**PT. CHARLOTTE FL 33980**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **COLUCCI, ADRIA**  
 CITY-ST-ZIP **11829 SW 117TH PL.**  
**MIAMI FL 33186**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **DEARMAS, REINALDO**  
 CITY-ST-ZIP ~~9997 SW 68 ST.~~ **12570 SW 72 Terrace**  
**MIAMI FL 33183**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/2001**

CR2E037 (10/00)