

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90008 012 ****70.00

DOCUMENT # N00000001647

1. Entity Name

LAYMAN'S WALK MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~12570 SW 72 TERRACE~~

12570 SW 72 TERRACE

~~MIAMI FL 33183~~

MIAMI FL 33183

~~23021 BAYSHORE ROAD~~
~~PT. CHARLOTTE, FL 33080~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~243 SANTA ROSA ROAD~~

City & State

~~CANTONMENT FL~~

City

Zip

Country

Zip

Country

~~32533~~

~~USA~~

4. FEI Number

65-0993041

Applied For

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
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, 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 | PD | <input type="checkbox"/> Delete |
| NAME | COLUCCI, MICHEAL J | |
| STREET ADDRESS | 23021 BAYSHORE RD. | |
| CITY-ST-ZIP | PT. CHARLOTTE FL 33080 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COLUCCI, ADRIA | |
| STREET ADDRESS | 11029 SW 117TH PL | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DEARMAS, REINALDO | |
| STREET ADDRESS | 12570 SW 72 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 243 SANTA ROSA ROAD | |
| CITY-ST-ZIP | CANTONMENT, FL 32533 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 243 SANTA ROSA ROAD | |
| CITY-ST-ZIP | CANTONMENT, FL 32533 | |
| 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 | | |

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: *Reinaldo DeArmas* **REQUIRED Treasurer**

Date

Daytime Phone #

CR2E037 (9/01)