

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002296

1. Entity Name

MISSIONARY OF MIAMI, INC.



FILED

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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|--|--|---|----------------------------|-------------------------------|-----------------------------|--|---------------------------------------|--|--|--|
| 2. Principal Place of Business 901 NW 141 Avenue | | | | ailing Address 1 NW 141 Av | enue | | 09/25/0 | 700023341297 09/25/0301074006 **61.25 | | |
| Suite, Apt. #, etc. #303 | | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | |
| City & State Pembroke Pines, FL | | | | City & State mbroke Pine: | s, FL | | 4. FEI Number 6 | 51003634 | Applied For Not Applicable | |
| | | Country USA | 33 | 33028 | | untry \ | | 5. Certificate of Status Desired | | |
| 10 | | | | | | 7. Name and Address of Current Registered Agent Name Topy of Housing | | | | |
| | | | | | | Tonya L. Hams | | | | |
| | . 55 | ONOT | | | | Street Addres | ss (P.O. Box Number is f | (P.O. Box Number is Not Acceptable) | | |
| | | N THIS | SPAC | | | 901 NW 1 | 41 Ave, #303 | | | |
| Congress of the control of the contr | | | | | | City Pembroke Pines, FL Zip Code 33028 | | | | |
| 8. The above the obligat | named entit | y submits this statem tered agent. | ent for the pu | rpose of changing | its register | ed office or regis | stered agent, or both, in | the state of Florida. I am fa | miliar with, and accept | |
| | | | <u> </u> | | | | | | | |
| SIGNATURE Tonya L. Harris September 2 (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Col | | | | | | | | | | |
| 10. | | OFFICERS AN | D DIRECTOR | <u>.</u> S | | | | | | |
| TITLE | P/T/D | | 911 | | THL | É | i i i i i i i i i i i i i i i i i i i | | | |
| NAME STREET ADDRESS | NAME Tonya L Harris | | | | NAM | EET ADDRESS | | First Light State | | |
| CITY-ST-ZIP | 901 NW | / 141 Ave, #303 | , Pembro | hroka Dinge El 📲 🕆 | | (+ST-ZIP | arranamentari (1900-1920). Santari | | 200 | |
| TITLE | V/S/D | | | | ŢſſĹ | and the second state and a second | | | | |
| NAME STREET ADDRESS | Tina I Cash | | | | NAN etri | COUNTRACE OF THE | | | [| |
| CITY-ST-ZIP | 901 NW | NW 141 Ave, #303, Pembroke Pines, FL STREET ADDRESS CITY-ST- ZIP. | | | a tratagain secon (Albert 1 | | | | | |
| TITLE | TITLE D | | | | | E | | ing a samulang ang a samulang a samulang a samulang ang a samulang ang ang ang ang ang ang ang ang ang | | |
| NAME STREET ADDRESS Gail F. Harris | | | | | NAN STR | EET ADORESS | | | | |
| CITY-ST-ZIP | 901 NW 141 Ave, #303, Pembroke Pir | | | | Pines, FL CITY | | DO | NOT WRI | | |
| TITLE | D | | | | | Ē. | . IN | THIS SPAC | E | |
| NAME STREET ADDRESS | Tiona C | . Harris | | r | NAA etd | Æ EET ADDRESS | | | | |
| CITY-ST-ZIP | 901 NW 141 Ave, #303, Pembroke Pines, FL | | | | | (+ST=ZIP | | | | |
| TITLE | В | | | | m | E | entrice adminis | | | |
| NAME Lakisha T Harris | | | | | | Æ EET AODRESS | | | Company of the compan | |
| STREET ADDRESS CITY-ST-ZIP | 901 NW | / 141 Ave, #303 | , #303, Pembroke Pines, FL | | | C-ST-ZIP | | | | |
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| NAME. | | and the same are | • | | NAA | | | wasan ng mga 1967a na 1997 Digungga katang pagasaya, 1 ₉ | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | 33.000.000 | FET ADORESS //- /-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 on an attachment with an address, with all other like empowered.

| SIGNATURE: Tonya L. Do | Tonya L. Harris | 9/22/03 | (305) 536-8854 |
|---|--------------------|---------|-----------------|
| SIGNATURE AND THEFT OF PRINTED NAME OF SIGNING OF | EFICED OF DIRECTOR | Date | Dautime Phone # |