

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

FILED

03 SEP 25 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002296

1. Entity Name

MISSIONARY OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 NW 141 Avenue

3. Mailing Address
901 NW 141 Avenue

Suite, Apt. #, etc.
#303

Suite, Apt. #, etc.
#303

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number 651003634

Applied For
Not Applicable

Zip
33028

Country
USA

Zip
33028

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Tonya L. Harris

Street Address (P.O. Box Number is Not Acceptable)

901 NW 141 Ave, #303

City Pembroke Pines,

FL

Zip Code
33028

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tonya L. Harris

Tonya L. Harris

September 22, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/D
Tonya L. Harris
901 NW 141 Ave, #303, Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
Tina L. Cash
901 NW 141 Ave, #303, Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Gail F. Harris
901 NW 141 Ave, #303, Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Tiona C. Harris
901 NW 141 Ave, #303, Pembroke Pines, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Lakisha T. Harris
901 NW 141 Ave, #303, Pembroke Pines, FL

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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. Harris

Tonya L. Harris

9/22/03

(305) 536-8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)