

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002568

1. Entity Name

UNIVERSAL LOVE MINISTRIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 PM 1:27

Principal Place of Business

4760 SW 153RD TERRACE
MIRAMAR FL 33027

Mailing Address

4760 SW 153RD TERRACE
MIRAMAR FL 33027

2. Principal Place of Business

9860 SHERIDAN

3. Mailing Address

12289 PEMBROKE RA

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
196

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

Zip

33025

Country

USA

4. FEL Number

65-1002463

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, MARSEILLES
4760 SW 153RD TERRACE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

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

Rev. Marcellus McKenzie

(NOTE: Registered Agent signature required when reinstating)

9.24.2001

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

TITLE D
NAME MCKENZIE, MARSEILLES
STREET ADDRESS 4760 SW 153RD TERRACE
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE D
NAME MCKENZIE, ADIA
STREET ADDRESS 4760 SW 153RD TERRACE
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE D
NAME TESFA, MALI
STREET ADDRESS 6700 NW 27TH STREET
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Rev. Marcellus McKenzie 9.24.2001

SP

CR2E037 (5/01)