

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003098

1. Entity Name

TRIUMPHANT MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

1172 SOUTH DIXIE HWY MB 352
CORAL GABLES FL 33146-2918

Mailing Address

1172 SOUTH DIXIE HWY MB 352
CORAL GABLES FL 33146-2918

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1008097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, FREDERICK A DR
3737 MATHESON AVE
COCONUT GROVE FL 33133

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

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

TITLE D ☐ Delete
NAME DRUMMOND, FREDERICK A DR
STREET ADDRESS 3737 MATHESON AVE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ Delete
NAME ANSART, ERIC
STREET ADDRESS 95 EDGEWATER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE D ☐ Delete
NAME BRACKETT, KENNETH P
STREET ADDRESS 1 EDGEWATER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Kenneth Brackett KENNETH BRACKETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/02

Daytime Phone #

305-668-4874



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)