

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003359

1. Entity Name

ANDRE THOMPSON MINISTRIES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90134 013 ****69.75

Principal Place of Business

1320 N W 7TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

1320 N W 7TH AVENUE
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

650836342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ANDRE
1320 N W 7TH AVENUE
FT. LAUDERDALE FL 33311

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
NAME THOMPSON, ANDRE
STREET ADDRESS 1320 N W 7TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE TD
NAME Jackie Davis
STREET ADDRESS 3015 SW Sandage
CITY-ST-ZIP Pensacola FL 33023 ☒ Change ☒ Addition

TITLE SD
NAME ASHTON, ANGELA
STREET ADDRESS 2805 N W 39TH TERRACE, SUITE 103
CITY-ST-ZIP LAUDERDALE LAKES FL 33313 ☒ Delete

TITLE M.D.
NAME LISA ANN ARBELO
STREET ADDRESS 10920 SW 11 CT
CITY-ST-ZIP DAVIE, FL. 33324 ☐ Change ☒ Addition

TITLE TD
NAME THOMPSON, SHARON
STREET ADDRESS 1320 N W 7TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☒ Delete

TITLE SD
NAME Sharon Thompson
STREET ADDRESS 1320 NW 7th ave
CITY-ST-ZIP Ft. Lauderdale, FL 33311 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE VD
NAME Angela Ashton
STREET ADDRESS 5621 NW 14 COURT
CITY-ST-ZIP LAUDERHILL, FL 33013 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE VD
NAME Angela Ashton
STREET ADDRESS 5621 NW 14 COURT
CITY-ST-ZIP LAUDERHILL, FL 33313 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☒ 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: André Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 (954)235-1192

Date Daytime Phone #

CR2E037 (10/00)