

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90163 027 *****75.00

0035243

DOCUMENT # N000000003962

1. Entity Name

CHRIST EXALTED ORDER, INC.

Principal Place of Business

16920 NORTHWEST 40 AVENUE
 MIAMI FL 33055-4507

Mailing Address

16920 NORTHWEST 40 AVENUE
 MIAMI FL 33055-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1012871

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

BRENDA MARGARITA INGRAM I
 16920 NORTHWEST 40 AVENUE
 MIAMI FL 33055-4507

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	P	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, FAITH M	
STREET ADDRESS	16920 NORTHWEST 40 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055-4507	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, COUNCIL JR.	
STREET ADDRESS	16920 NORTHWEST 40 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055-4507	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUCILLE, NICOLA	
STREET ADDRESS	18690 NORTHEAST 1ST COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, DEMARCUS	
STREET ADDRESS	2750 NORTHWEST 175TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENDA MARGARITA INGRAM I	
STREET ADDRESS	16920 NORTHWEST 40 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055-4507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, LASHAUN J	
STREET ADDRESS	16920 NORTHWEST 40 AVENUE	
CITY-ST-ZIP	MIAMI FL 33055-4507	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President - P	
STREET ADDRESS	Daisy Gatus, Daisy	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President - V	
STREET ADDRESS	INGRAM, FAITH	
CITY-ST-ZIP	16920 NW 40 Ave Carol City FL 33055-4507	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary - S	
STREET ADDRESS	Hassanali, Basheera	
CITY-ST-ZIP	2873 SW 176 Way Miramar FL 33029	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer - OFFICER - T	
STREET ADDRESS	INGRAM, LASHAUN J.	
CITY-ST-ZIP	16920 NW 40 Ave MIAMI, FL 33055-4507	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Counselor - OFFICER - Chairman	
STREET ADDRESS	INGRAM, COUNCIL JR	
CITY-ST-ZIP	16920 NW 40 Ave Carol City FL 33055-4507	
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFICER-DIRECTOR - M	
STREET ADDRESS	INGRAM I, MARGARITA, BRENDA	
CITY-ST-ZIP	16920 NW 40 Ave Carol City, FL 33055-4507	

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: Brenda M. Ingram I Brenda M. Ingram I 4-19-01 305 623-6580
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)