

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003962

1. Entity Name

CHRIST EXALTED ORDER, INC.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90227 014 ****70.00

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
NAME GATES, DAISY ☒ Delete
STREET ADDRESS 16920 NORTHWEST 40 AVENUE
CITY-ST-ZIP MIAMI FL 33055-4507

TITLE P/D
NAME Louis, Frantz D ☒ Change ☐ Addition
STREET ADDRESS 520 N.W. 131 ST
CITY-ST-ZIP Miami, FL 33168

TITLE V
NAME INGRAM, FAITH ☒ Delete
STREET ADDRESS 16920 NORTHWEST 40 AVENUE
CITY-ST-ZIP MIAMI FL 33055-4507

TITLE V/D
NAME Michel, Daniel D ☒ Change ☐ Addition
STREET ADDRESS 5931 NW 14 PL
CITY-ST-ZIP Sunrise, FL 33313

TITLE ST
NAME HASSANALI, BASHEEN ☒ Delete
STREET ADDRESS 2873 SW 176TH WAY
CITY-ST-ZIP MIRAMAR FL 33029

TITLE T/P
NAME Manning, Michael D ☒ Change ☐ Addition
STREET ADDRESS 4590 Belaire Dr.
CITY-ST-ZIP Miramar, FL 33025

TITLE DT
NAME INGRAM, LASHAUN J ☒ Delete
STREET ADDRESS 16920 NW 40TH AVE
CITY-ST-ZIP MIAMI FL 33055-4507

TITLE S
NAME Ducille, Nicole D ☒ Change ☐ Addition
STREET ADDRESS 18690 NE 1ST
CITY-ST-ZIP Miami, FL 33179

TITLE CC
NAME INGRAM, COUNCIL JR ☐ Delete
STREET ADDRESS 16920 NORTHWEST 40 AVENUE
CITY-ST-ZIP CORAL CITY FL 33055-4507

TITLE C
NAME Ingram, Council JR D ☐ Change ☒ Addition
STREET ADDRESS 16920 NW 40 Ave
CITY-ST-ZIP Coral City, FL 33055-4507

TITLE ODM
NAME INGRAM, MARGARITA B I ☐ Delete
STREET ADDRESS 16920 NORTHWEST 40 AVENUE
CITY-ST-ZIP CORAL CITY FL 33055-4507

TITLE
NAME MR Charles Oquaga D ☐ Change ☒ Addition
STREET ADDRESS 18320 NW 68 Ave #6
CITY-ST-ZIP Miami Lakes, FL 33015

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 **SIGNATURE REQUIRED** *Brenda M. Ingram I 4-25-02*

305 623-6580

CR2E037 (9/01)

ATTACH # 100000000 4-25-02
3962

649487

Florida Department of State:

Katherine Harris,

Christ Exalted Order, Inc. is requesting our non-fit
status on the Certificate of Status,

Thank you, - for your diligence
Mrs Buck McLean I
Faulder - C.E.O.