## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 28, 2002 8:00 am DOCUMENT # N00000004112 **Secretary of State** 1. Entity Name 03-28-2002 90140 043 \*\*\*\*61.25 HOLY ASSEMBLY MISSIONARY BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 2319 FARRAGUT STREET 2319 FARRAGUT STREET UNIT #2 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 7190 RAMONA ST RamonA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-1018733 Not Applicable Micama \_ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 10WB 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 > title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME GUSS, IRVIN B NAMÉ STREET ADDRESS STREET ADDRESS 2319 FARRAGUT STREET CITY-ST-ZIP CiTY-ST-7IP HOLLYWOOD FL 33020 Change Addition ☐ Delete TITLE ortimes GUSS, MARIE B NAME STREET ADDRESS STREET ADDRESS 2319 FARRAGUT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Change Ch Delete -= TITLE Thomas NAME THOMAS, PRISCILLA NAME STREET ADDRESS STREET ADDRESS 3028 NW 67TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33141 Change ☐ Addition Delete TITLE TITLE NAME ECKERT, FRANK NAME STREET ADDRESS STREET ADDRESS 4241 SW 39TH ST CITY-ST-ZIP CITY-ST-ZIP LAKE FOREST FL 330<u>23</u> ☐ Change ☐ Addition Delete Delete TITLE TITLE NAME LAWTOR, MARCIA STREET ADDRESS STREET ADDRESS 4425 SW 23RD ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Change ☐ Addition Delete TITLE TITLE HOPKINS, PRINCEY NAME

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.

STREET ADDRESS

CITY-ST-ZIP

5416 SW 19TH ST

HOLLYWOOD FL 33023

STREET ADDRESS

CITY-ST-ZIP