2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90027 011 ****70.00

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1. Entity Name

UNIVERSAL DELIVERANCE CHURCH OF MIAMI INC.

Principal Place of Business	Mailing Address
3800 NW 186TH ST. MIAMI FL 33054	3800 NW 186TH ST. MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3800 N.W. 186th Street	3800 N.W. 186th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FLA	City & State: Miami, FLA
Zip: 33054 Country: DADE	Zip: 33054 Country: DADE

4. FEI Number — ☐ 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
WILLIAMS, BARBARA 3800 NW 186TH ST. MIAMI FL 33054	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, BARBARA 3800 NW 186TH ST. MIAMI FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHESSON, PAULA T 20430 NW 22ND AVE. OPA LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURNS, THELMA 1507 ARGYLE DR. FT. LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, RHONDILYN R 20810 NW 17TH AVE., APT. 220 OPA LOCKA FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAHMING, GUS 3078 NW 60TH ST. MIAMI FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Barbara Williams BARBARA WILLIAMS 04-23-01 305-623-9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #