

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

0039131

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1. Entity Name

UNIVERSAL CHURCH OF PAUL INCORPORATED

03-30-2001 90353 001 *****8.75
 03-30-2001 90353 002 *****61.25

Principal Place of Business

Mailing Address

555 NE 30 STREET, #501
 MIAMI FL 33137

555 NE 30 STREET, #501
 MIAMI FL 33137

33677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 NE 30 STREET

3. Mailing Address

555 NE 30 STREET

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

Not Applicable

Zip **33137**

Country **DADE**

Zip **33137**

Country **DADE**

5. Certificate of Status Desired **\$8.75 Additional**
 CHARITABLE RELIGIOUS CORPORATION

6. Name and Address of Current Registered Agent

BOYLE, JAMES J
555 NE 30 STREET, #501
MIAMI FL 33137

Name **JAMES J. BOYLE**

Street Address (P.O. Box Number is Not Acceptable) **555 NE 30 STREET #501**

City **MIAMI** FL Zip Code **33137**

7. Name and Address of New Registered Agent

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

James J. Boyle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: **8.75**
61.25
70.00
 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BOYLE, JAMES J	
STREET ADDRESS	555 NE 30 STREET, #501	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, MIRIAM E	
STREET ADDRESS	555 NE 30 STREET, #501	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZELEDON, SERGIO A	
STREET ADDRESS	155 S. MIAMI AVENUE, PH-1	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER & SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES J. BOYLE	
STREET ADDRESS	555 NE 30 ST #501	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM E. WHITE	
STREET ADDRESS	555 NE 30 STREET #501	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO A. ZELEDON	
STREET ADDRESS	155 S MIAMI AVENUE, PH 1	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James J. Boyle* **JAMES J. BOYLE** TREASURER **3-26-2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)