

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90043 034 \*\*\*\*70.00

**DOCUMENT # N00000007567**

1. Entity Name

**STOREHOUSE INSTITUTIONAL BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**8640 NW 22ND AVE.  
 MIAMI FL 33147**

**8640 NW 22ND AVE.  
 MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number  
**65-1086515**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ROBINSON, RICKIE  
 8640 NW 22ND AVE.  
 MIAMI FL 33147**

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  
 After September 12, 2001, min. will be \$236.25**

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 ☐ Delete

**PD ROBINSON, RICKIE**

STREET ADDRESS **8640 NW 22ND AVE.**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE NAME ☐ Delete

**SD JONES, SHENKA**

STREET ADDRESS **8640 NW 22ND AVE.**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE NAME ☐ Delete

**TD JONES, SYLVIA**

STREET ADDRESS **8640 NW 22ND AVE.**

CITY-ST-ZIP **MIAMI FL 33147**

TITLE NAME ☐ Delete

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TITLE NAME ☐ Change ☐ Addition

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:

**REQUIRE**

**8/29/2001**

CR2E037 (5/01)