

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002189

1. Entity Name

DANI DRIGGS MINISTRIES, INC.

Principal Place of Business

Mailing Address

14533 SW 142 CT. CIRCLE SOUTH
MIAMI FL 33186

14533 SW 142 CT. CIRCLE SOUTH
MIAMI FL 33186

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

65-1093718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
02 OCT 16 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D0150037



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARISSO, MANUEL
THE ARISSO GROUP, LTD
7294 NW 8TH ST.
MIAMI FL 33126

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 PD
NAME PEREZ, DANILO
STREET ADDRESS 14533 SW 142 CT. CIRCLE SOUTH
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME PEREZ, NATALIE
STREET ADDRESS 14533 SW 142 CT. CIRCLE SOUTH
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800008450008
10/18/02--01059--003 **61.25

TITLE STD
NAME PEREZ, FRANK
STREET ADDRESS 3034 NW 13TH ST.
CITY-ST-ZIP MIAMI FL 33125 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ARISSO, MANUEL
STREET ADDRESS 4722 SW 5TH ST.
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HERNANDEZ, DENNIS
STREET ADDRESS 11020 SW 161 PL
CITY-ST-ZIP MIAMI FL 33198 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PEREZ, MARIOLY
STREET ADDRESS 614 N. 31ST AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)