

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002579

1. Entity Name

SOUL SAVING STATION SERVICE CENTER, INC.

Principal Place of Business

Mailing Address

1880 WASHINGTON AVE
OPA LOCKA FL 33054

1880 WASHINGTON AVE
OPA LOCKA FL 33054

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

65-1106652

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

MURRAY, JASON M.
100 SE 2 STREET STE 4000
MIAMI FL 33131

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 P
NAME MURRAY, JAMES
STREET ADDRESS 1900 NW 171 ST
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE *Director*
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME MURRAY, EULA
STREET ADDRESS 1900 NW 171 ST
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE *Director*
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME JEAN, MILDRED
STREET ADDRESS 282 NE 141 ST
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

TITLE *Director*
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME CLARK, MATTIE
STREET ADDRESS 2445 NW 159 TERR
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE *Director*
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

James M. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 14, 2002 8:00 am
Secretary of State

05-14-2002 90332 005 ****61.25

97145



DO NOT WRITE IN THIS SPACE

CR2E037 (8/01)