

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003847

FILED
Sep 13, 2002
Secretary of State

Entity Name: MIRACLE DELIVERANCE HEALING REVIVAL CENTER, #2 INC.

Current Principal Place of Business:

15050 PIERCE ST.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

15050 PIERCE ST.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 04-3626782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, KEITH
15050 PIERCE ST.
MIAMI, FL 33176

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, KEITH
Address: 15050 PIERCE ST.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ROBINSON, CHRISTINA
Address: 15050 PIERCE ST.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HEYWARD, ELIZABETH
Address: 1551 ROXBURY CT., N.E.
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH ROBINSON

D

09/13/2002

Electronic Signature of Signing Officer or Director

Date