

FILED

03 JUN -6 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008271			
1. Entity Name TABERNACLE OF ADONAI INC.			
Principal Place of Business 11 FOT N.W. 2ND AVENUE MIAMI, FL 33161		Mailing Address 5630 MONROE STREET HOLLYWOOD, FL 33023	
2. Principal Place of Business 14625 N.W. 7 Ave Suite, Apt. #, etc.		3. Mailing Address 14625 N.W. 7 Ave Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33181	Country DADE	Zip 33181	Country DADE
4. FEI Number 85-1159803		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GASPARD, FAUCETTE 7068 N.W. 2ND AVENUE MIAMI, FL 33160		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent Signature required when submitting)			
FILE NOW FEES \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEUS, POWER 14300 N.E. 10TH AVENUE MIAMI, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORTIUS, JOSELYN 14300 N.E. 10TH AVENUE MIAMI, FL 330	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLISCO, ARNETTE 14300 N.E. 10TH AVENUE MIAMI, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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 trustee empowered to execute this report as required by Chapter 517, 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: <u>Power Meus</u>		5/30/03	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

200020565112
06/06/03--01050--002 **70.00☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

9/66

\$ 70.00

Tabernacle of Adonai Inc.
14625 N.W. 7 Ave.
Miami, FL 33181

May 30, 2003

Florida Department of State

To Whom It May Concern:

Please be advised that I never received the Uniform Business Report form this year that is the reason why I request that the penalty fees be waved.

Thank you,

