

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000000106

1. Entity Name

ELOHIM CENTER FOR HIGHER LEARNING, INC.



**FILED**  
03 OCT 31 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5311 N.W. 8TH AVE

Suite, Apt. #, etc.

3. Mailing Address  
5311 N.W. 8TH AVE

Suite, Apt. #, etc.

**REINSTATEMENT 03**

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
80-0026586

Applied For

Not Applicable

Zip  
33127

Country

Zip  
33127

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
EXANTUS, GEORGE

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

5311 N.W. 8TH AVE

City  
MIAMI

FL

Zip Code  
33127

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(P/D) EXANTUS, GEORGE  
5311 N.W. 8TH AVE  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800024577123  
11/12/03--01002--005 \*\*236.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(T/D) SANDS, ANGELA  
5311 N.W. 8TH AVE  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(S/D) EXANTUS, MARIE  
5311 N.W. 8TH AVE  
MIAMI, FL 33127

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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 #

CR2E0378 (12/02)

JK