# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 17, 2003**
**Secretary of State**

DOCUMENT# N02000007381

**Entity Name:** SABAOATH RESTORATION AND EQUIPPING MINISTRIES INC

**Current Principal Place of Business:**

17940 NW 14 AVENUE
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

195 PROPHETS PARKWAY
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

17940 NW 14 AVENUE
MIAMI, FL 33169 US

**FEI Number: 61-1428973** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WRIGHT, URSULA T
17940 NW 14 AVENUE
MIAMI, FL 33169 US

**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: P ( ) Delete
Name: WRIGHT, URSULA T
Address: 195 PROPHETS PARKWAY
City-St-Zip: SANTA ROSA BEACH, FL 33169 US

Title: T ( ) Delete
Name: WRIGHT, SUSIE E
Address: 17940 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33169 US

Title: S ( ) Delete
Name: MAGWOOD, SHERRY
Address: 1030 NW 182 ST
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: WRIGHT, URSULA T
Address: 17940 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33169 US

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

Title: D (X) Change ( ) Addition
Name: MAGWOOD, SHERRY
Address: 1030 NW 182 ST
City-St-Zip: MIAMI, FL 33169 US

Title: D ( ) Change (X) Addition
Name: DELAHAYE, CECILE
Address: 4542 SW 185 AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

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: URSULA T WRIGHT P 06/17/2003

Electronic Signature of Signing Officer or Director — Date