

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07288

1. Entity Name

ROSE OF SHARON MINISTRIES, INCORPORATED

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90040 011 \*\*\*\*70.00

Principal Place of Business

3800 NW 167TH ST.  
MIAMI FL 33054  
US

Mailing Address

3894 NW 167TH ST.  
MIAMI FL 33054

2. Principal Place of Business

285 NW 199 ST

3. Mailing Address

285 NW 199 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

59-2492742

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAIRSTON, ELIZABETH  
4005 SW 68TH LANE  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name  
ELIZABETH HAIRSTON  
Street Address (P.O. Box Number is Not Acceptable)  
16911 SW 36 CT  
City  
MIRAMAR FL Zip Code  
33027

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARRISH, SHERRON 15701 NW 18TH COURT OPA-LOCKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORTES, DIONE 9013 NE 2 AVE ELPORTAL FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIRSTON, ELIZABETH 4005 SW 68TH LANE MIRAMAR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, CARL 15701 NW 18TH COURT OPA LOCKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM-LEONARD, REBECCA 1313 NW 36TH ST. #200 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENDERMAN, WILLIAM 1382-C LOMALAND EL PASO TX	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARRISH, SHERRON 3541 SW 144 AVE MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIRSTON, ELIZABETH 16911 SW 36 CT MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, CARL 3541 SW 144 AVE MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 305 621 0060

Date

Daytime Phone #

CR2E037 (10/00)