

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15166

1. Entity Name

REV. DANIEL MITCHELL MINISTRIES, INC.

Principal Place of Business

Mailing Address

3071 N.W. 186TH TERRACE
MIAMI FL 33056

3071 N.W. 186TH TERRACE
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2670492

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, DANIEL
3071 N.W. 186TH TERRACE
MIAMI FL 33056

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.

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

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME MITCHELL, DANIEL
STREET ADDRESS 3071 NW 186 TER
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME JACKSON, TED
STREET ADDRESS 1218 NW 40 ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME MITCHELL, SADIE
STREET ADDRESS 3071 NW 186 TER
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete
NAME BUTLER, SOPHIE
STREET ADDRESS 19219 NW 53RD CIR PL
CITY-ST-ZIP CAROL CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003417857--7
CITY-ST-ZIP -10/09/00--01005--009
*****70.00 *****70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Rev. Daniel Mitchell Ministries, Inc.

7/18/00

305-626-9935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21037 (5/00)

KE