

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90190 029 \*\*\*\*61.25

**DOCUMENT # N18142**

1. Entity Name

**EPHPATHA CHURCH, INC.**

Principal Place of Business

Mailing Address

5800 NW 2ND AVE  
 MIAMI FL 33127  
 US

P.O. BOX #380982  
 MIAMI FL 33238-0982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2779640**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PAUL, JOSEPH SAMUEL**  
**271 NW 148 STREET**  
**MIAMI FL 33168**

Name

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

City

**FL**

Zip Code

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, 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST- ZIP	ADDRESS	ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition
	STD ANTOINE, MARIE 68 NW 47TH ST MIAMI FL	<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>
	VD ST. FLEUR, SUCCES 1410 N.W. 115TH AVENUE MIAMI FL	<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>
	PD PAUL, JOSEPH S 271 NW 148 STREET MIAMI FL	<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Delete				<input type="checkbox"/>	<input type="checkbox"/>

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: Joseph S. Paul **SIGNATURE REQUIRED** Date: 02/16/00 Daytime Phone #

CR2E037 (9/99)