

**2001 UNIFORM BUSINESS REPORT (UBR)**

6

**FILED**  
**Aug 23, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 025 \*\*\*\*61.25

**DOCUMENT #** *N19979*

**1. Entity Name**  
*HIALEAH GOSPEL CHAPEL INC*

**Principal Place of Business**      **Mailing Address**

*HIALEAH GOSPEL CHAPEL*  
*BY GARY L. HOBBS*  
*428 CADIMA AVE. CORAL GABLES, FLA*  
*33134-7148*

**2. Principal Place of Business**      **3. Mailing Address**

*428 CADIMA AVE*      *SAME*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

*CORAL GABLES, FLA*      *CORAL GABLES, FLA*

**Zip**      **Country**      **Zip**      **Country**

*33134-7148*      *USA*      *33134-7148*      *USA*

**4. FEL Number**      **Applied For**

*59-2788093*       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**

*GARY L. HOBBS*  
*428 CADIMA AVE*  
*CORAL GABLES, FLA*

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** *Mary L. Helle* *E/P/T/D*      *Mary L. Helle* *6/14/01*

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**       **FILE NOW!!! FEE IS \$150.00**      **10. Election Campaign Financing**       **\$5.00 May Be Added to Fees**

(See criteria on back)      **After MAY 1, 2001 Fee will be \$550.00**      Trust Fund Contribution.      **Make Check Payable to Department of State.**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<i>E/P/T/D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HOBBS GARY L.</i>	NAME	
STREET ADDRESS	<i>428 CADIMA AVE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>CORAL GABLES, FLA 33134-7148</i>	CITY-ST-ZIP	
TITLE	<i>E/S/D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SHELBURNE JOHN</i>	NAME	
STREET ADDRESS	<i>6251 SW 22nd St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLA 33135</i>	CITY-ST-ZIP	
TITLE	<i>E/D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BARTLING DAVID</i>	NAME	
STREET ADDRESS	<i>1681 SW 32nd St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FLA 33145</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Mary L. Helle*      *6/14/01*      *305 444 7395*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/1/00)

DO NOT WRITE IN THIS SPACE