

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90028 021 \*\*\*\*70.00

**DOCUMENT # N42436**

1. Entity Name

**THE HOLY WAY CHURCH, INC.**

Principal Place of Business

**1801 S.W. 8TH STREET  
MIAMI FL 33135**

Mailing Address

**1801 S.W. 8TH STREET  
MIAMI FL 33135-3417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0246571**

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

**GARNICKI, DANIEL  
1801 S.W. 8TH STREET  
MIAMI FL 33135**

7. Name and Address of New Registered Agent

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**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GARNICKI, DANIEL**  
CITY-ST-ZIP **9992 SW 2ND TERRACE  
MIAMI FL 33174**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GARNICKI, BLANCA**  
CITY-ST-ZIP **9992 S W 2nd Terrace  
Miami, FL 33174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MEJIA, MELVIN**  
CITY-ST-ZIP **6011 W. 24 Ave.  
Hialeah, FL 33016**

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  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-2000 (305) 644-4300**

Date

Daytime Phone #

CR2E037 (9/99)