2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42436

Country

6. Name and Address of Current Registered Agent

1. Entity Name

City & State

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

the obligations of registered agent.

Zip

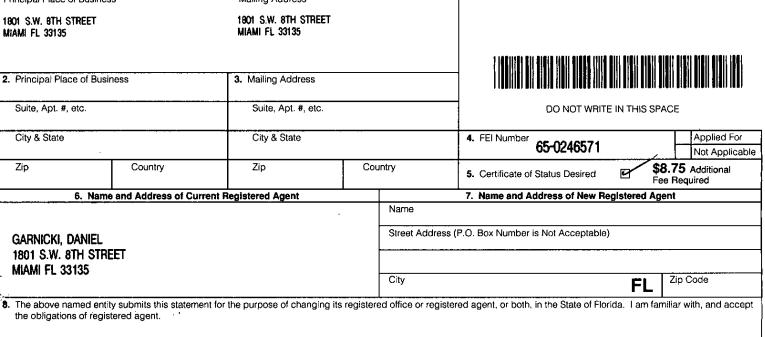
THE HOLY WAY CHURCH, INC. Principal Place of Business Mailing Address 1801 S.W. 8TH STREET 1901 S.W. 8TH STREET MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90020 010 ****75.00



SIGNATURE	JRE							
	ter September 13, 2002, min. will be \$236.25. 9. Election Camp Trust Fund Cor					Make Check Payable to Department of State		
10.	OFFICERS AND DIRECTORS		11.	ΑC	ODITIONS/CHANC	ES TO OFFICERS AN	D DIRECTORS (N	10
TITLE NAME	D CAPANCKI DANIEL	☐ Delete	TITLE NAME	Tipl	son Ov	iedo av. #109 33016	Change	Addition
STREET ADDRESS	GARNICKI, DANIEL 1801 SW 8TH ST		STREET ADDRESS	612	1 w. 24.	AV. # 109		
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	High	lean Fl	33016		
TITLE	D	Delete	TITLE	1	- , - , , ,		☐ Change	☐ Addition
NAME	GARNICKI, BLANCA		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP					
TITLE	LATELANDA DATE NA	Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	MELVIN, MEJIA		NAME STREET ADDRESS	ļ				
CITY-ST-ZIP	6011 W 24 AVE HIALEAH FL 33016		CITY-ST-ZIP					
TITLE	710 (200 11) 1 2 000 10	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					_
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS	}		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	 			<u> </u>	
TITLE		☐ Delete	TITLE			•	Change	Addition
NAME STREET ADDRESS	1		NAME STREET ADDRESS			·	•	
CITY-ST-ZIP			CITY-ST-ZIP					
	<u> </u>							

Country

City

12. Phereby 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.

305 776-2826