

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90008 043 ****70.00

DOCUMENT # N43473

1. Entity Name

FAITH T.C.O.G.I.C., INC.

Principal Place of Business

10701 SW 216 ST
 BAY 10
 MIAMI FL 33170
 US

Mailing Address

POST OFFICE BOX 57-1048
 MIAMI FL 33257-1048
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0262609

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, CHARLES L.
9900 SW 168 ST.
#9
MIAMI FL 33157

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ALEXANDER, EDWARD, JR.	15841 SW 102 CT	MIAMI FL	<input type="checkbox"/>
D	BROWN, ROBERT	10405 SW 149TH TERR.	MIAMI FL	<input type="checkbox"/>
D	EPPS, JOSEPH	10441 SW 150 TERR	MIAMI FL	<input checked="" type="checkbox"/>
V	ALEXANDER, DELORIS	15841 SW 102 CT	MIAMI FL	<input type="checkbox"/>
D	WILSON, WILIS L	10110 SW 170 TERR	MIAMI FL	<input type="checkbox"/>
D	LINSAY, GENEVA A	10431 SW 165TH ST	MIAMI FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	Tice, Rhonal S.	19640 SW 127 Ct	M:AM: FL 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Jackson, Geneva A.	10431 SW 165 TH ST	MIAMI FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Edward Alexander Jr.
EDWARD ALEXANDER JR.

Date

Daytime Phone #

4-13-00 305-235-5560

CR2E037 (9/99)