

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43473

1. Entity Name

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

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

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

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

Zip

Country

Zip

Country

4. FEI Number

65-0262609

Applied For

Not Applicable

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 **P** ☐ Delete
NAME **ALEXANDER, EDWARD, JR.**
STREET ADDRESS **15841 SW 102 CT**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **BROWN, ROBERT**
STREET ADDRESS **10405 SW 149TH TERR.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
NAME **EPPS, JOSEPH**
STREET ADDRESS **10441 SW 150 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Tice, Rhonal S.**
STREET ADDRESS **19640 SW 127 CT**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **V** ☐ Delete
NAME **ALEXANDER, DELORIS**
STREET ADDRESS **15841 SW 102 CT**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **WILSON, WILIS L**
STREET ADDRESS **10110 SW 170 TERR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **LINSAY, GENEVA A**
STREET ADDRESS **10431 SW 165TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Jackson, Geneva A.**
STREET ADDRESS **10431 SW 165 TH ST**
CITY-ST-ZIP **MIAMI FL 33157**

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 305-235-5560
Date Daytime Phone #

CR2E037 (9/99)