

2002 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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

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

TITLE D ☐ Delete
NAME JACKSON, GENEVA A
STREET ADDRESS 10431 SW 165TH ST
CITY-ST-ZIP MIAMI FL 33157

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-02

Date

305-235-5560

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0262609

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E037 (9/01)